

|                                                                                                                                                        |                     |                                                                                                                                                                                         |            |                                                                   |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------|---------|-------------|--|
| No. <b>W 84542</b>                                                                                                                                     |                     | <b>Due no later than Jun 30, 2013</b>                                                                                                                                                   |            | 2. Registered Agent and Address <b>(NO PO BOX)</b>                |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                     | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>SANDLT PROPERTIES, LLC<br>SHAUN CHRISTENSEN<br>155 S. MIDLAND BLVD.<br>NAMPA ID 83686 |            | JOHN A COLEMAN<br>401 GOODING ST N STE 201<br>TWIN FALLS ID 83301 |         |             |  |
|                                                                                                                                                        |                     |                                                                                                                                                                                         |            | 3. <u>New</u> Registered Agent Signature:*                        |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                     |                                                                                                                                                                                         |            |                                                                   |         |             |  |
| Office Held                                                                                                                                            | Name                | Street or PO Address                                                                                                                                                                    | City       | State                                                             | Country | Postal Code |  |
| MANAGER                                                                                                                                                | SHAUN CHRISTENSEN   | PO BOX 1293                                                                                                                                                                             | TWIN FALLS | ID                                                                | USA     | 83303       |  |
| MEMBER                                                                                                                                                 | DAVID M CHRISTENSEN | 2620 FALLS AVE. E.                                                                                                                                                                      | TWIN FALLS | ID                                                                | USA     | 83301       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 84542</b>                                                                                           |                     | 6. Annual Report must be signed.*<br>Signature: Shaun Christensen<br>Name (type or print): Shaun Christensen                                                                            |            |                                                                   |         |             |  |
| Date: 04/23/2013<br>Title: Manager                                                                                                                     |                     |                                                                                                                                                                                         |            |                                                                   |         |             |  |
| Processed 04/23/2013                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                                                               |            |                                                                   |         |             |  |