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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------|---------------------|
| No. <b>W 81017</b>                                                                                                                                     |                | <b>Due no later than Jan 31, 2011</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>MOUNTAIN HOME MORTGAGE LLC<br>BARBARA HANSEN<br>797 S HASKETT ST<br>MOUNTAIN HOME ID 83647-3378<br>USA |               | BARBARA HANSEN<br>797 S HASKETT ST<br>MOUNTAIN HOME ID 83647-3378 |                     |
|                                                                                                                                                        |                |                                                                                                                                                                                                      |               | 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                                                                                                                                                | BARBARA HANSEN | 797 S HASKETT ST                                                                                                                                                                                     | MOUNTAIN HOME | ID                                                                | USA 83647-3378      |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 81017</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Barbara Hansen Date: 12/13/2010<br>Name (type or print): Barbara Hansen Title: Broker / Owner                                                        |               |                                                                   |                     |
| Processed 12/13/2010                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                                            |               |                                                                   |                     |