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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------|---------|-------------|--|
| No. <b>W 54842</b>                                                                                                                                     |                    | <b>Due no later than Sep 30, 2010</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>1. Mailing Address: Correct in this box if needed.</b><br>COLLINS FAMILY PROPERTY LLC<br>2680 HOMESTEAD LN<br>IDAHO FALLS ID 83404-7150 |             | CHERYL ANN COLLINS<br>2680 HOMESTEAD LN<br>IDAHO FALLS ID 83402 |         |             |  |
|                                                                                                                                                        |                    |                                                                                                                                            |             | 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                                                                                                                                                | CHERYL ANN COLLINS | 2680 HOMESTEAD LN                                                                                                                          | IDAHO FALLS | ID                                                              | USA     | 83402       |  |
| 5. Organized Under the Laws of:<br><b>ID</b><br><b>W 54842</b>                                                                                         |                    | 6. Annual Report must be signed.*<br>Signature: Cheryl Collins<br>Name (type or print): Cheryl Collins                                     |             |                                                                 |         |             |  |
|                                                                                                                                                        |                    | Date: 07/15/2010<br>Title: Manager                                                                                                         |             |                                                                 |         |             |  |
| Processed 07/15/2010                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                  |             |                                                                 |         |             |  |