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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------|---------|-------------|--|
| No. <b>W 13979</b>                                                                                                                                     |              | <b>Due no later than Jan 31, 2009</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>                                                                                                                         |           | ELLICE REZAI<br>2399 RULON AVE<br>POCATELLO ID 83201 |         |             |  |
|                                                                                                                                                        |              | <b>1. Mailing Address: Correct in this box if needed.</b><br>REZAI PROPERTIES, LLC<br>ELLICE REZAI<br>2399 RULON AVE<br>POCATELLO ID 83201<br>USA |           | 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                                                                                                                                                | SAEID REZAI  | 562 W PINE                                                                                                                                        | POCATELLO | ID                                                   | USA     | 83201       |  |
| MANAGER                                                                                                                                                | ELLICE REZAI | 2399 RULON AVE.                                                                                                                                   | POCATELLO | ID                                                   | USA     | 83201       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 13979</b>                                                                                           |              | 6. Annual Report must be signed.*<br>Signature: Ellice Rezai<br>Name (type or print): Ellice Rezai<br>Date: 01/19/2009<br>Title: Manager          |           |                                                      |         |             |  |
| Processed 01/19/2009                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                         |           |                                                      |         |             |  |