

|                                                                                                                                                        |             |                                                                            |            |                                                    |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------|------------|----------------------------------------------------|------------------|-------------|--|
| No. <b>W 28119</b>                                                                                                                                     |             | <b>Due no later than Jan 31, 2015</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>                                                  |            | ANDY BARRY<br>2514 E 3707 N<br>TWIN FALLS 83301    |                  |             |  |
|                                                                                                                                                        |             | <b>1. Mailing Address: Correct in this box if needed.</b>                  |            | 3. <u>New</u> Registered Agent Signature:*         |                  |             |  |
|                                                                                                                                                        |             | ASB PROPERTIES, LLC<br>SUSAN BARRY<br>2514 E 3707 N<br>TWIN FALLS ID 83301 |            |                                                    |                  |             |  |
| 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 |  |
| MEMBER                                                                                                                                                 | ANDY BARRY  | 2514 E 3707 N                                                              | TWIN FALLS | ID                                                 |                  | 83301       |  |
| MEMBER                                                                                                                                                 | SUSAN BARRY | 2514 EAST 3707 NORTH                                                       | TWIN FALLS | ID                                                 | USA              | 83301       |  |
| 5. Organized Under the Laws of:                                                                                                                        |             | 6. Annual Report must be signed.*                                          |            |                                                    |                  |             |  |
| <b>ID<br/>W 28119</b>                                                                                                                                  |             | Signature: Susan Barry                                                     |            |                                                    | Date: 11/17/2014 |             |  |
|                                                                                                                                                        |             | Name (type or print): Susan Barry                                          |            |                                                    | Title: Member    |             |  |
| Processed 11/17/2014                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.  |            |                                                    |                  |             |  |