

|                                                                                                                                                        |                       |                                                                                                                                                                     |       |                                                                |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------|---------|-------------|--|
| No. <b>W 11537</b>                                                                                                                                     |                       | <b>Due no later than Mar 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>1. Mailing Address: Correct in this box if needed.</b><br><br>VAN WAGONER UTAH PROPERTIES, LLC<br>TAMMRAH L VAN WAGONER<br>3927 EAST 100 NORTH<br>RIGBY ID 83442 |       | TAMMRAH L VAN WAGONER<br>3927 EAST 100 NORTH<br>RIGBY ID 83442 |         |             |  |
|                                                                                                                                                        |                       |                                                                                                                                                                     |       | 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 |  |
| MEMBER                                                                                                                                                 | TAMMRAH L VAN WAGONER | 3927 EAST 100 NORTH                                                                                                                                                 | RIGBY | ID                                                             | USA     | 83442       |  |
| MEMBER                                                                                                                                                 | AMMON KIM VAN WAGONER | 3927 EAST 100 NORTH                                                                                                                                                 | RIGBY | ID                                                             | USA     | 83442       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 11537</b>                                                                                           |                       | 6. Annual Report must be signed.*<br>Signature: Tammrah L.Van Wagoner<br>Name (type or print): Tammrah L.Van Wagoner                                                |       |                                                                |         |             |  |
|                                                                                                                                                        |                       | Date: 02/08/2011<br>Title: Manager                                                                                                                                  |       |                                                                |         |             |  |
| Processed 02/08/2011                                                                                                                                   |                       | * Electronically provided signatures are accepted as original signatures.                                                                                           |       |                                                                |         |             |  |