

|                                                                                                                                                        |                  |                                                                                                                                            |       |                                                         |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------|---------|-------------|--|
| No. <b>W 21528</b>                                                                                                                                     |                  | <b>Due no later than Nov 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>ROCKY MOUNTAIN ESTATES, LLC<br>JARAMIE MAGERA<br>PO BOX 506<br>RIGBY ID 83442 |       | JARAMIE MAGERA<br>652 NORTH 4116 EAST<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 |  |
| MANAGER                                                                                                                                                | JARAMIE MAGERA   | PO BOX 506                                                                                                                                 | RIGBY | ID                                                      | USA     | 83442       |  |
| MANAGER                                                                                                                                                | KEVIN RHODEHOUSE | 4132 E. 100 N.                                                                                                                             | RIGBY | ID                                                      | USA     | 83442       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 21528</b>                                                                                           |                  | 6. Annual Report must be signed.*<br>Signature: Jaramie Magera<br>Name (type or print): Jaramie Magera                                     |       |                                                         |         |             |  |
|                                                                                                                                                        |                  | Date: 09/10/2010<br>Title: Manager                                                                                                         |       |                                                         |         |             |  |
| Processed 09/10/2010                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                  |       |                                                         |         |             |  |