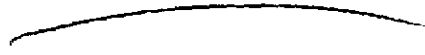



No. <b>W 17137</b>	Due no later than Nov 30, 2015 <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JOSEPH J FULTON 565 BEAR RD PRIEST RIVER ID 83856
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> MIST MOUNTAIN L.L.C. 565 BEAR RD PRIEST RIVER ID 83856 - <u>8873</u>		3. <u>New</u> Registered Agent Signature. 
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member      Name      Street or PO Address      City      State      Country      Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> <u>JOSEPH J. FULTON</u> <u>365</u> <u>PRIEST RIVER ID, BONNER</u> <u>BEAR ROAD</u> <u>83856-8873</u>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold; font-size: large;">           IDAHO            W 17137         </div>		6. Signature:  <hr/> Name (type or print): <u>JOSEPH J. FULTON</u> <div style="float: right; text-align: right;">         Date: <u>9-25-15</u>          Title: <u>MANAGER</u> </div>	
Issued 09/21/2015 by CLH		116143	