| No. <b>C 179456</b>                                                                                            |      | Due                                                                                                            | 2. Registered Agent and Address (NO PO BOX)     |                                                       |                                                |            |             |
|----------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------|------------------------------------------------|------------|-------------|
| Return to:                                                                                                     |      | Annual Report Form                                                                                             |                                                 | FRED STEPHENSON 478338 HWY 95 NORTH PONDERAY ID 83852 |                                                |            |             |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE |      | 1. Mailing Address: Correct in this box if needed.  MIRROR LAKE CONSULTANTS, INC.  FRED STEPHENSON P O BOX 444 |                                                 |                                                       |                                                |            |             |
|                                                                                                                |      |                                                                                                                |                                                 |                                                       |                                                |            |             |
|                                                                                                                |      |                                                                                                                |                                                 |                                                       |                                                |            |             |
|                                                                                                                |      | 4. Corporations: Enter Nan                                                                                     | nes and Busin                                   | ess Addresses of Pre                                  | esident, Secretary, and Directors. Treasurer ( | optional). |             |
| Office Held                                                                                                    | Name |                                                                                                                | Street or PO Address                            | City                                                  | State                                          | Country    | Postal Code |
| PRESIDENT GREG STEPH                                                                                           |      | HENSON                                                                                                         | 478338 HWY 95 NORTH P O BOX 444                 | PONDERAY                                              | ID                                             | USA        | 83852       |
| SECRETARY SUSAN STE                                                                                            |      | PHENSON                                                                                                        | 478338 HWY 95 NORTH P O BOX 444                 | PONDERAY                                              | ID                                             | USA        | 83852       |
|                                                                                                                |      |                                                                                                                |                                                 |                                                       |                                                |            |             |
| 5. Organized Under the Laws of:                                                                                |      | 6. Annual Report must be signed.*                                                                              |                                                 |                                                       |                                                |            |             |
| ID                                                                                                             |      | Signature: Susa                                                                                                | Date: 08/26/2013                                |                                                       |                                                |            |             |
| C 179456                                                                                                       |      | Name (type or p                                                                                                | Title: Secretary                                |                                                       |                                                |            |             |
| Processed 08/26/2013                                                                                           |      | * Electronically prov                                                                                          | rided signatures are accepted as original signa | atures.                                               |                                                |            |             |