| No. W 16307 | | Due no later than Aug 31, 2010 | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------------------|--|---|--------------------------------|---|---------|-------------|--|
| Return to: | | Annual Report Form | | KYLE DAVID | KYLE DAVID POPPLETON | | | |
| 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. POPPLETON PROPERTIES, LLC | | According to the second second | 1001 SHOSHONE ST NORTH TWIN FALLS ID 83301 | | | |
| | | KYLE D POPPLETON 1001 SHOSHONE ST NORTH | | | | | | |
| | | TWIN FALLS ID 83301 | | 3. <u>New</u> Register | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | USA | | | | | | |
| 4. Limited Liability Com | panies: Enter Na | mes and Addresses | of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | KYLE DAVID | POPPLETON | 1001 SHOSHONE ST NORTH | TWIN FALLS | ID | USA | 83301 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 16307 | | Signature: Kyle Poppleton | | | Date: 06/24/2010 | | | |
| | | Name (type or p | | Title: Mamber | | | | |
| Processed 06/24/2010 | | * Electronically pro | vided signatures are accepted as original | signatures. | | | _ | |