

No. <b>W 105643</b>		<b>Due no later than Aug 31, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  CRAIG MOUNTAIN LLC JOE FORSMANN C/O JOE FORSMANN & ASSOCIATES PO BOX 531 COTTONWOOD ID 83522		JOSEPH P FORSMANN 321 MAIN ST COTTONWOOD ID 83522			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name LYLE STAMPER	Street or PO Address 1720 16TH AVENUE		City LEWISTON	State ID	Country USA	Postal Code 83501
5. Organized Under the Laws of:  <b>ID</b> <b>W 105643</b>		6. Annual Report must be signed.*  Signature: Joseph P Forsmann Name (type or print): Joseph P Forsmann  Date: 06/11/2014 Title: Registered Agent					
Processed 06/11/2014 * Electronically provided signatures are accepted as original signatures.							