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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------|---------|------------------------------------|--|
| No. <b>W 9288</b>                                                                                                                                      |                   | Due no later than Jul 31, 2009                                                                                                                                                                           |             | 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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>SPECTRUM MORTGAGE SERVICES L.L.C.<br>CHRISTINA TWEEDIE<br>106 WEST 17TH STREET<br>IDAHO FALLS ID 83402 |             | CHRISTINA TWEEDIE<br>6959 S MARBLE<br>IDAHO FALLS ID 83406 |         |                                    |  |
|                                                                                                                                                        |                   |                                                                                                                                                                                                          |             | 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                                                                                                                                                | CHRISTINA TWEEDIE | 6959 S MARBLE CIR                                                                                                                                                                                        | IDAHO FALLS | ID                                                         | USA     | 83406                              |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 9288</b>                                                                                            |                   | 6. Annual Report must be signed.*<br>Signature: Christina Tweedie<br>Name (type or print): Christina Tweedie                                                                                             |             |                                                            |         | Date: 08/20/2009<br>Title: Manager |  |
| Processed 08/20/2009                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                                                                |             |                                                            |         |                                    |  |