

|                                                                                                                                                        |               |                                                                                                                                                          |             |                                                             |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------|---------|------------------|--|
| No. <b>W 80550</b>                                                                                                                                     |               | <b>Due no later than Jan 31, 2013</b>                                                                                                                    |             | 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>1. Mailing Address: Correct in this box if needed.</b><br>MOUNTAIN STAR PROPERTIES LLC<br>DOUG RUSSELL<br>9259 N PINEHAVEN DR<br>IDAHO FALLS ID 83401 |             | DOUG RUSSELL<br>9259 N PINEHAVEN DR<br>IDAHO FALLS ID 83401 |         |                  |  |
|                                                                                                                                                        |               |                                                                                                                                                          |             | 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      |  |
| MEMBER                                                                                                                                                 | KATIE RUSSELL | 9259 N PINEHAVEN DRIVE                                                                                                                                   | IDAHO FALLS | ID                                                          | USA     | 83401            |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                                                                                        |             |                                                             |         |                  |  |
| <b>ID<br/>W 80550</b>                                                                                                                                  |               | Signature: Doug Russell                                                                                                                                  |             |                                                             |         | Date: 11/09/2012 |  |
|                                                                                                                                                        |               | Name (type or print): Doug Russell                                                                                                                       |             |                                                             |         | Title: Manager   |  |
| Processed 11/09/2012                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                |             |                                                             |         |                  |  |