

|                                                                                                                                                        |              |                                                                                                                                                |       |                                                            |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------|---------|------------------|--|
| No. <b>W 56140</b>                                                                                                                                     |              | <b>Due no later than Nov 30, 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>C4 LEASE LLC<br>JIM D CONGER<br>1627 S ORCHARD ST STE 24<br>BOISE ID 83705<br>USA |       | JIM D CONGER<br>1627 S ORCHARD ST STE 24<br>BOISE ID 83705 |         |                  |  |
|                                                                                                                                                        |              |                                                                                                                                                |       | 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                                                                                                                                                 | JIM D CONGER | 1627 S ORCHARD ST STE 24                                                                                                                       | BOISE | ID                                                         | USA     | 83705            |  |
| 5. Organized Under the Laws of:                                                                                                                        |              | 6. Annual Report must be signed.*                                                                                                              |       |                                                            |         |                  |  |
| <b>ID<br/>W 56140</b>                                                                                                                                  |              | Signature: Jim D Conger                                                                                                                        |       |                                                            |         | Date: 10/08/2013 |  |
|                                                                                                                                                        |              | Name (type or print): Jim D Conger                                                                                                             |       |                                                            |         | Title: Member    |  |
| Processed 10/08/2013                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                      |       |                                                            |         |                  |  |