

|                                                                                                                                                        |                 |                                                                                                                                                                                           |             |                                                            |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------|---------|-------------|--|
| No. <b>W 63603</b>                                                                                                                                     |                 | <b>Due no later than Jun 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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>FOUNDERS PROPERTIES, LLC<br>BERNICE WILKINS<br>851 N SKYLINE DR<br>IDAHO FALLS ID 83402 |             | TRAVIS WILKINS<br>851 N SKYLINE DR<br>IDAHO FALLS ID 83402 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                                           |             | 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                                                                                                                                                | TRAVIS WILKINS  | 851 N SKYLINE DR                                                                                                                                                                          | IDAHO FALLS | ID                                                         | USA     | 83402       |  |
| MANAGER                                                                                                                                                | BERNICE WILKINS | 851 N SKYLINE DR                                                                                                                                                                          | IDAHO FALLS | ID                                                         | USA     | 83402       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 63603</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Bernice Wilkins<br>Name (type or print): Bernice Wilkins<br>Date: 04/25/2013<br>Title: Manager                                            |             |                                                            |         |             |  |
| Processed 04/25/2013                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                                 |             |                                                            |         |             |  |