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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------|------------------|-------------|--|
| No. <b>J 590</b>                                                                                                                                       |                     | <b>Due no later than Jan 31, 2015</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>                                                                                                                                              |           | MICHAEL KIMBALL<br>950 FOXMOOR DRIVE<br>HAILEY 83333 |                  |             |  |
|                                                                                                                                                        |                     | <b>1. Mailing Address: Correct in this box if needed.</b><br>VALUE PROPERTIES, L.L.P.<br>MICHAEL KIMBALL<br>PO BOX 3369<br>4261 GLENBROOK DR<br>HAILEY ID 83333<br>USA |           | 3. <u>New</u> Registered Agent Signature:*           |                  |             |  |
| 4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.                                                     |                     |                                                                                                                                                                        |           |                                                      |                  |             |  |
| Office Held                                                                                                                                            | Name                | Street or PO Address                                                                                                                                                   | City      | State                                                | Country          | Postal Code |  |
| PARTNER                                                                                                                                                | KEITH W. LEMONS     | RT 1, BOX 1201                                                                                                                                                         | FAIRFIELD | ID                                                   | USA              | 83327       |  |
| PARTNER                                                                                                                                                | KIMBIRD PARTNERSHIP | PO BOX 3369                                                                                                                                                            | HAILEY    | ID                                                   | USA              | 83333       |  |
| PARTNER                                                                                                                                                | GREGORY A URBANY    | PO BOX 546                                                                                                                                                             | HAILEY    | ID                                                   | USA              | 83333       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                     | 6. Annual Report must be signed.*                                                                                                                                      |           |                                                      |                  |             |  |
| <b>ID<br/>J 590</b>                                                                                                                                    |                     | Signature: Steve Bird                                                                                                                                                  |           |                                                      | Date: 11/28/2014 |             |  |
|                                                                                                                                                        |                     | Name (type or print): Steve Bird                                                                                                                                       |           |                                                      | Title: partner   |             |  |
| Processed 11/28/2014                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                                              |           |                                                      |                  |             |  |