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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------|---------------------|
| No. <b>W 48877</b>                                                                                                                                     |                 | <b>Due no later than Mar 31, 2012</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>CANYON INVESTMENT GROUP LLC<br>JASON R. NIELSEN<br>22500 QUICK DRAW LN<br>GREENLEAF ID 83626 |           | JASON R NIELSEN<br>22500 QUICK DRAW LN<br>GREENLEAF ID 83626 |                     |
|                                                                                                                                                        |                 |                                                                                                                                                                                                |           | 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                                                                                                                                                | JASON R NIELSEN | 22500 QUICK DRAW LN                                                                                                                                                                            | GREENLEAF | ID                                                           | USA 83626           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 48877</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Jason Nielsen<br>Name (type or print): Jason Nielsen<br>Date: 01/11/2012<br>Title: Manager                                                     |           |                                                              |                     |
| Processed 01/11/2012                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                                      |           |                                                              |                     |