

|                                                                                                                                                        |                 |                                                                                                                                                                                 |            |                                                      |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------|---------|-------------|--|
| No. <b>W 65616</b>                                                                                                                                     |                 | <b>Due no later than Aug 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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>MOWER PROPERTIES, LLC<br>BRETT MOWER<br>625 WILSON AVE<br>POCA TELLO ID 83201 |            | BRETT MOWER<br>625 WILSON AVE<br>POCA TELLO ID 83201 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                                 |            | 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                                                                                                                                                 | SHARALYNN MOWER | 625 WILSON AVE                                                                                                                                                                  | POCA TELLO | ID                                                   | USA     | 83201       |  |
| MEMBER                                                                                                                                                 | BRETT MOWER     | 625 WILSON AVE                                                                                                                                                                  | POCA TELLO | ID                                                   | USA     | 83201       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 65616</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Brett Mower<br>Name (type or print): Brett Mower<br>Date: 06/13/2013<br>Title: Owner                                            |            |                                                      |         |             |  |
| Processed 06/13/2013                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                       |            |                                                      |         |             |  |