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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------------------------------------------------------------------|----------------------------------|-------------|--|
| No. <b>W 87541</b>                                                                                                                                     |                 | Due no later than Oct 31, 2016                                                                                                                             |         | 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>HAYDEN HOMES IDAHO, LLC<br>KIMBERLY GUTHRIE<br>2464 SW GLACIER PL STE 110<br>REDMOND OR 97756 |         | SCOTT A. TSCHIRGI, CHARTERED<br>401 W FRONT ST STE 401<br>BOISE ID 83702 |                                  |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                            |         | 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                                                                                                                                                 | DENNIS P MURPHY | 2464 SW GLACIER PLACE SUITE 110                                                                                                                            | REDMOND | OR                                                                       | USA                              | 97756       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 87541</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Kimberly Guthrie<br>Name (type or print): Kimberly Guthrie                                                 |         |                                                                          | Date: 09/08/2016<br>Title: Agent |             |  |
| Processed 09/08/2016                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                  |         |                                                                          |                                  |             |  |