

|                                                                                                                                                        |              |                                                                                                                                        |       |                                                             |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------|---------|------------------|--|
| No. <b>W 149590</b>                                                                                                                                    |              | <b>Due no later than Mar 31, 2017</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>1. Mailing Address: Correct in this box if needed.</b><br><br>VC PROPERTIES LLC<br>DAVID H ARKOOSH<br>PO BOX 2817<br>BOISE ID 83701 |       | DAVID ARKOOSH<br>802 W BANNOCK ST STE 900<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                                                                                                                                                 | VALERIE CHAN | 802 W BANNOCK ST SUITE 204                                                                                                             | BOISE | ID                                                          | USA     | 83702            |  |
| 5. Organized Under the Laws of:                                                                                                                        |              | 6. Annual Report must be signed.*                                                                                                      |       |                                                             |         |                  |  |
| <b>ID<br/>W 149590</b>                                                                                                                                 |              | Signature: DHA                                                                                                                         |       |                                                             |         | Date: 01/31/2017 |  |
|                                                                                                                                                        |              | Name (type or print): DHA                                                                                                              |       |                                                             |         | Title: Agent     |  |
| Processed 01/31/2017                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                              |       |                                                             |         |                  |  |