

|  |                  |  |               |  |                     |
|--|------------------|--|---------------|--|---------------------|
| No. <b>W 42510</b>   |                  | Due no later than Sep 30, 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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>RUSTIC ACRES MHC, LLC<br>BRIAN L FITTERER<br>18006 SKY PARK CIRCLE<br>SUITE 200<br>IRVINE CA 92614 |               | C T CORPORATION SYSTEM<br>921 S ORCHARD ST STE G<br>BOISE ID 83705 |                     |
|  |                  |  |               | 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  | BRIAN L FITTERER | 450 NEWPORT CENTER DR STE 595  | NEWPORT BEACH | CA   | 92660               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 42510</b>   |                  | 6. Annual Report must be signed.*<br>Signature: Brian Fitterer<br>Name (type or print): Brian Fitterer<br>Date: 07/26/2016<br>Title: Manager   |               |  |                     |
| Processed 07/26/2016   |                  | * Electronically provided signatures are accepted as original signatures.  |               |  |                     |