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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------|---------|-------------|--|
| No. <b>W 26377</b>                                                                                                                                     |                  | <b>Due no later than Oct 31, 2016</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>THREE DESERTS DEVELOPMENT, LLC<br>DAVID M WILLIAMS<br>10238 WEEPING WILLOW DR<br>SANDY UT 84070 |       | SHAWN D BOYLE<br>3875 S AMERICAN WAY<br>IDAHO FALLS ID 83402 |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                                                                                   |       | 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                                                                                                                                                 | DAVID M WILLIAMS | 10238 WEEPING WILLOW DR                                                                                                                                                                           | SANDY | UT                                                           | USA     | 84070       |  |
| 5. Organized Under the Laws of:<br><br><b>UT<br/>W 26377</b>                                                                                           |                  | 6. Annual Report must be signed.*<br>Signature: David M Williams<br>Name (type or print): David M Williams                                                                                        |       |                                                              |         |             |  |
|                                                                                                                                                        |                  | Date: 10/19/2016<br>Title: Member                                                                                                                                                                 |       |                                                              |         |             |  |
| Processed 10/19/2016                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                                         |       |                                                              |         |             |  |