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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------|---------------------|
| No. <b>W 83985</b>                                                                                                                                     |                | <b>Due no later than May 31, 2014</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>DESIGNWORKS RESIDENTIAL SPECIALIST, LLC<br>PETER R KELLER<br>15658 BALDY MT RD<br>SANDPOINT ID 83864<br>USA |           | PETER ROBERT KELLER<br>15658 BALDY MT RD<br>SANDPOINT ID 83864 |                     |
|                                                                                                                                                        |                |                                                                                                                                                                                                           |           | 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                                                                                                                                                | PETER R KELLER | 15658 BALDY MTN RD                                                                                                                                                                                        | SANDPOINT | ID                                                             | USA 83864           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 83985</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Peter R Keller<br>Name (type or print): Peter R Keller<br>Date: 06/23/2014<br>Title: Owner                                                                |           |                                                                |                     |
| Processed 06/23/2014                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                                                 |           |                                                                |                     |