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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------|---------|------------------|--|
| No. <b>W 53358</b>                                                                                                                                     |                  | <b>Due no later than Aug 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>PARADIGM REAL ESTATE HOLDINGS, LLC<br>SUSAN K RISNER<br>519 S MCDERMOTT ROAD<br>NAMPA ID 83687-8842 |       | JAMES D HOVREN<br>1161 W RIVER ST STE 100<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      |  |
| MANAGER                                                                                                                                                | SUSAN K RISNER   | 519 S MCDERMOTT ROAD                                                                                                                                             | NAMPA | ID                                                          |         | 83687            |  |
| MEMBER                                                                                                                                                 | GARLAND A RISNER | 519 S MCDERMOTT ROAD                                                                                                                                             | NAMPA | ID                                                          | USA     | 83687-5141       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                                                |       |                                                             |         |                  |  |
| <b>ID<br/>W 53358</b>                                                                                                                                  |                  | Signature: Susan K Risner                                                                                                                                        |       |                                                             |         | Date: 06/26/2017 |  |
|                                                                                                                                                        |                  | Name (type or print): Susan K Risner                                                                                                                             |       |                                                             |         | Title: Manager   |  |
| Processed 06/26/2017                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                        |       |                                                             |         |                  |  |