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| No. W 63523 | | Due no later than Jun 30, 2014 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. CAVE CREEK LLC KKOS LAWYERS 1883 W ROYAL HUNTE DR STE 200 CEDAR CITY UT 84720 | | INCORP SERVICES, INC. 1524 S VISTA AVE STE 12 BOISE ID 83705 USA | | | |
| | | | | 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 | LUCINDA M HALLEY | PO BOX 6313 | WHITTIER | CA | USA | 90609 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 63523 | | Signature: Lucinda M Halley | | | | Date: 05/12/2014 | |
| | | Name (type or print): Lucinda M Halley | | | | Title: Manager | |
| Processed 05/12/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | | |