| No. W 66566 | | Due no later than Sep 30, 2018 | | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-------------|---|--------------------------------------|--|--|-------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. CAPITAL PROPERTIES, LLC MORGAN M GRIFFIN 12641 LAKE SHORE DR NAMPA ID 83686 USA | | | MORGAN M GRIFFIN-ASTLE 12641 LAKE SHORE DR NAMPA ID 83686 3. New Registered Agent Signature:* | | | |
| RECEIVED BY DUE DATE | | 00/1 | | | | | | |
| 4. Limited Liability Companies: | : Enter Nar | mes and Addresse | s of at least one Member or Manager. | | | | | |
| Office Held Na | ame | | Street or PO Address | | City | State | Country | Postal Code |
| MANAGER MC | organ m | GRIFFIN | PO BOX 9611 | | BOISE | ID | | 83707 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 66566 | | Signature: Morgan M Griffin | | | Date: 09/12/2018 | | | |
| | | Name (type or print): Morgan M Griffin | | | Title: Manager | | | |
| Processed 09/12/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |