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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------------------------------------|---------|------------------|--|
| No. <b>W 25839</b>                                                                                                                                     |                     | <b>Due no later than Sep 30, 2015</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><br>CHAMPLIN ESTATES, L.L.C.<br>J. FRANCIS FLORENCE<br>P O BOX 5491<br>TWIN FALLS ID 83303 |          | MILESTONE BUILDERS DEVELOPERS LLC<br>195 RIVER VISTA PLACE STE 304<br>TWIN FALLS ID 83301 |         |                  |  |
|                                                                                                                                                        |                     |                                                                                                                                                         |          | 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                                                                                                                                                | J. FRANCIS FLORENCE | 4129 HIDDEN LAKES DRIVE                                                                                                                                 | KIMBERLY | ID                                                                                        | USA     | 83341            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                     | 6. Annual Report must be signed.*                                                                                                                       |          |                                                                                           |         |                  |  |
| <b>ID<br/>W 25839</b>                                                                                                                                  |                     | Signature: J Francis Florence                                                                                                                           |          |                                                                                           |         | Date: 07/31/2015 |  |
|                                                                                                                                                        |                     | Name (type or print): J Francis Florence                                                                                                                |          |                                                                                           |         | Title: Member    |  |
| Processed 07/31/2015                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                               |          |                                                                                           |         |                  |  |