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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------|---------------------|
| No. <b>W 50360</b>                                                                                                                                     |                              | <b>Due no later than May 31, 2017</b>                                                                                                                                                               |             | <b>2. Registered Agent and Address (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><br>WDG SHADOW RIDGE, LLC<br>C/O BV MANAGEMENT SERVICES, INC.<br>PO BOX 51298<br>IDAHO FALLS ID 83405 |             | THEL W CASPER ESQ<br>901 PIER VIEW DR STE 201<br>IDAHO FALLS ID 83402 |                     |
|                                                                                                                                                        |                              |                                                                                                                                                                                                     |             | 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                                                                                                                                                | BV MANAGEMENT SERVICES, INC. | PO BOX 51157                                                                                                                                                                                        | IDAHO FALLS | ID                                                                    | 83405               |
| MANAGER                                                                                                                                                | MIKE VICKERS                 | 1985 EAST 183 NORTH                                                                                                                                                                                 | REXBURG     | ID                                                                    | 83440               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 50360</b>                                                                                           |                              | 6. Annual Report must be signed.*<br>Signature: Thel W. Casper<br>Name (type or print): Thel W. Casper<br>Date: 05/30/2017<br>Title: Secretary of a Manager                                         |             |                                                                       |                     |
| Processed 05/30/2017                                                                                                                                   |                              | * Electronically provided signatures are accepted as original signatures.                                                                                                                           |             |                                                                       |                     |