

|  |             |  |       |   |         |                  |  |
|--|-------------|--|-------|---|---------|------------------|--|
| No. <b>W 84630</b>   |             | <b>Due no later than Jun 30, 2016</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>ICON HOMES LLC<br>Leah Bowman<br>10647 N. BRIDLE WAY<br>Boise ID 83714<br>USA |       | LEAH BOWMAN<br>10647 N. BRIDLE WAY<br>BOISE ID 83714-8371 |         |                  |  |
|  |             |  |       | 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      |  |
| MEMBER   | LEAH BOWMAN | 10647 N. BRIDLE WAY  | BOISE | ID  | USA     | 83714            |  |
| 5. Organized Under the Laws of:  |             | 6. Annual Report must be signed.*  |       |   |         |                  |  |
| <b>ID<br/>W 84630</b>  |             | Signature: Leah Bowman   |       |   |         | Date: 06/16/2016 |  |
|  |             | Name (type or print): Leah Bowman  |       |   |         | Title: Owner     |  |
| Processed 06/16/2016   |             | * Electronically provided signatures are accepted as original signatures.  |       |   |         |                  |  |