

|  |                 |   |           |  |         |                         |  |
|--|-----------------|---|-----------|--|---------|-------------------------|--|
| No. <b>W 175195</b>  |                 | <b>Due no later than Dec 31, 2017</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>MCD LLRV RANCH, LLC<br>PETER D CHRISTOFFERSON<br>PO BOX 50130<br>IDAHO FALLS ID 83405-0130 |           | PETER D CHRISTOFFERSON<br>1000 RIVERWALK DR STE 200<br>IDAHO FALLS ID 83402-0130 |         |                         |  |
|  |                 |   |           | 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  | PETER MCDERMOTT | 1 POND DRIVE  | ENGLEWOOD | CO   | USA     | 80113                   |  |
| 5. Organized Under the Laws of:  |                 | 6. Annual Report must be signed.*   |           |  |         |                         |  |
| <b>ID<br/>W 175195</b>   |                 | Signature: Peter D. Christofferson  |           |  |         | Date: 11/15/2017        |  |
|  |                 | Name (type or print): Peter D. Christofferson   |           |  |         | Title: Registered Agent |  |
| Processed 11/15/2017   |                 | * Electronically provided signatures are accepted as original signatures.   |           |  |         |                         |  |