

|                                                                                                                                                        |                 |                                                                                                                                                     |       |                                                         |         |                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------|---------|-------------------|--|
| No. <b>W 89902</b>                                                                                                                                     |                 | <b>Due no later than Jan 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><br>WATT PEND O'REILLE SHORES, LLC<br>MARK A. HALLIDAY<br>PO BOX 249<br>SAGLE ID 83860 |       | WILLIAM F WATT<br>464276 HWY 95 SOUTH<br>SAGLE ID 83860 |         |                   |  |
|                                                                                                                                                        |                 |                                                                                                                                                     |       | 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                                                                                                                                                | FERN M. WATT    | P.O. BOX 249                                                                                                                                        | SAGLE | ID                                                      | USA     | 83860             |  |
| MANAGER                                                                                                                                                | WILLIAM F. WATT | P.O. BOX 249                                                                                                                                        | SAGLE | ID                                                      | USA     | 83860             |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                                   |       |                                                         |         |                   |  |
| <b>ID<br/>W 89902</b>                                                                                                                                  |                 | Signature: Mark A. Halliday                                                                                                                         |       |                                                         |         | Date: 11/22/2016  |  |
|                                                                                                                                                        |                 | Name (type or print): Mark A. Halliday                                                                                                              |       |                                                         |         | Title: Controller |  |
| Processed 11/22/2016                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                           |       |                                                         |         |                   |  |