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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------|---------------------|
| No. <b>W 62655</b>                                                                                                                                     |                   | <b>Due no later than May 31, 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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>HARRIS APARTMENTS, LLC<br>JEFFREY F HARRIS<br>PO BOX 4987<br>POCATELLO ID 83205 |          | KATHLEEN M HARRIS<br>1000 FLAMINGO<br>MCCAMMON ID 83250 |                     |
|                                                                                                                                                        |                   |                                                                                                                                                                                   |          | 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                                                                                                                                                 | JEFFREY F HARRIS  | 1000 FLAMINGO                                                                                                                                                                     | MCCAMMON | ID                                                      | 83250               |
| MEMBER                                                                                                                                                 | KATHLEEN M HARRIS | 1000 FLAMINGO                                                                                                                                                                     | MCCAMMON | ID                                                      | 83250               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 62655</b>                                                                                           |                   | 6. Annual Report must be signed.*<br>Signature: JEFFREY HARRIS<br>Name (type or print): JEFFREY HARRIS<br>Date: 05/12/2015<br>Title: MEMBER                                       |          |                                                         |                     |
| Processed 05/12/2015                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                                         |          |                                                         |                     |