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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------------------|
| No. <b>W 74489</b>                                                                                                                                     |             | <b>Due no later than May 31, 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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>SHARP PROPERTIES, LLC<br>LYNN SHARP<br>909 3RD ST SOUTH<br>NAMPA ID 83651 |       | LYNN SHARP<br>909 3RD ST SOUTH<br>NAMPA ID 83651   |                     |
|                                                                                                                                                        |             |                                                                                                                                                                             |       | 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                                                                                                                                                 | LYNN SHARP  | 5521 SYLVIA                                                                                                                                                                 | NAMPA | ID                                                 | 83651               |
| MEMBER                                                                                                                                                 | DIANA SHARP | 5521 SYLVIA                                                                                                                                                                 | NAMPA | ID                                                 | 83651               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 74489</b>                                                                                           |             | 6. Annual Report must be signed.*<br>Signature: Lynn Sharp<br>Name (type or print): Lynn Sharp<br>Date: 04/13/2016<br>Title: member                                         |       |                                                    |                     |
| Processed 04/13/2016                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                                                   |       |                                                    |                     |