

|  |                          |   |            |  |                     |
|--|--------------------------|---|------------|--|---------------------|
| No. <b>W 20951</b>   |                          | <b>Due no later than Oct 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>1. Mailing Address: Correct in this box if needed.</b><br><br>CDC PROPERTIES, L.L.C.<br>SHARON TSE<br>PO BOX 2035<br>TWIN FALLS ID 83303     |            | R CLEVE BUTTARS<br>3204 KIMBERLY RD. EAST<br>TWIN FALLS ID 83301 |                     |
|  |                          |   |            | 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   | R CLEVE BUTTARS          | PO BOX 2035   | TWIN FALLS | ID   | 83303               |
| MEMBER   | DOUGLAS CLEVE OTTERSBERG | PO BOX 285  | TWIN FALLS | ID   | 83303               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 20951</b>   |                          | 6. Annual Report must be signed.*<br>Signature: R. CLEVE BUTTARS<br>Name (type or print): R. CLEVE BUTTARS<br>Date: 08/21/2015<br>Title: MEMBER |            |  |                     |
| Processed 08/21/2015   |                          | * Electronically provided signatures are accepted as original signatures.   |            |  |                     |