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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------|---------------------|
| No. <b>W 72922</b>                                                                                                                                     |                 | <b>Due no later than Mar 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>MEIKLE REALTY, LLC<br>SANDRA A. MEIKLE<br>13601 W. MCMILLAN ROAD<br>SUITE 102 -143<br>BOISE ID 83713 |       | SANDRA A MEIKLE<br>12708 W. AVANTI STREET<br>BOISE 83713 |                     |
|                                                                                                                                                        |                 |                                                                                                                                                                                                        |       | 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                                                                                                                                                 | SANDRA A MEIKLE | 13601 W. MCMILLAN RD. SUITE 102-143                                                                                                                                                                    | BOISE | ID                                                       | 83713               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 72922</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Sandra A. Meikle<br>Name (type or print): Sandra A. Meikle<br>Date: 03/31/2015<br>Title: President                                                     |       |                                                          |                     |
| Processed 03/31/2015                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                                              |       |                                                          |                     |