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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 109471</b>                                                                                                                                    |                    | <b>Due no later than Dec 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>1. Mailing Address: Correct in this box if needed.</b><br><br>SAGECREST35 LLC<br>JAYASANKAR ARLA<br>5518 PAINTER GRN<br>SAN ANTONIO TX 78240 |             | J STEVEN FENDER<br>200 N 23RD ST<br>BOISE ID 83702 |         |             |  |
|                                                                                                                                                        |                    |                                                                                                                                                 |             | 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                                                                                                                                                 | JAYASANKAR ARLA    | 5518 PAINTER GRN                                                                                                                                | SAN ANTONIO | TX                                                 | USA     | 78240       |  |
| MEMBER                                                                                                                                                 | STRAIGHT LINE ARLA | 5518 PAINTER GRN                                                                                                                                | SAN ANTONIO | TX                                                 | USA     | 78240       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 109471</b>                                                                                          |                    | 6. Annual Report must be signed.*<br>Signature: jayasankar arla<br>Name (type or print): jayasankar arla<br>Date: 11/04/2016<br>Title: member   |             |                                                    |         |             |  |
| Processed 11/04/2016                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                       |             |                                                    |         |             |  |