| No. <b>W 145917</b>  |          | Due no later than Dec 31, 2016  | 2. Registered Agent and Address (NO PO BOX) |   |         |             |
|--|----------|---|---|---|---------|-------------|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080            |          | Annual Report Form  1. Mailing Address: Correct in this box if needed.  JONES PLACE, LLC TIM SHAW 49 CORRAL CREEK RD CASCADE ID 83611 | CASCADE II                                  | TIM SHAW 49 CORRAL CREEK RD CASCADE ID 83611  3. New Registered Agent Signature:* |         |             |
| NO FILING FEE IF RECEIVED BY DUE DATE  4 Limited Liability Companies: Enter Nar                |          | mes and Addresses of at least one Member or Manager.  |   |   |         |             |
| Office Held  | Name     | Street or PO Address  | City  | State   | Country | Postal Code |
| MANAGER  | TIM SHAW | 49 CORRAL CREEK RD  | CASCADE                                     | ID  | USA     | 83611       |
| 5. Organized Under the Laws of:  ID  W 145917  |          | 6. Annual Report must be signed.* Signature: Tim Shaw Name (type or print): Tim Shaw  | Date: 12/09/2016<br>Title: President        |   |         |             |
| Processed 12/09/2016 * Electronically provided signatures are accepted as original signatures. |          |   |   |   |         |             |