

|                                                                                                                                                        |              |                                                                                                |        |                                                                                |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------|------------------|-------------|--|
| No. <b>W 85217</b>                                                                                                                                     |              | <b>Due no later than Jul 31, 2018</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>                                                                      |        | JOHN F MAGNUSON<br>1250 NORTHWOOD CENTER CT<br>STE A<br>COEUR D ALENE ID 83814 |                  |             |  |
|                                                                                                                                                        |              | <b>1. Mailing Address: Correct in this box if needed.</b>                                      |        | 3. <u>New</u> Registered Agent Signature:*                                     |                  |             |  |
|                                                                                                                                                        |              | FOXX PROPERTIES LLC<br>JAMES L FOXX<br>72248 NORTH SHORE ST STE 103<br>THOUSAND PALMS CA 92276 |        |                                                                                |                  |             |  |
| 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 |  |
| MANAGER                                                                                                                                                | JAMES L FOXX | 8436 N AUDUBON DR                                                                              | HAYDEN | ID                                                                             | USA              | 83835       |  |
| 5. Organized Under the Laws of:                                                                                                                        |              | 6. Annual Report must be signed.*                                                              |        |                                                                                |                  |             |  |
| <b>ID<br/>W 85217</b>                                                                                                                                  |              | Signature: James L. Foxx                                                                       |        |                                                                                | Date: 06/17/2018 |             |  |
|                                                                                                                                                        |              | Name (type or print): James L. Foxx                                                            |        |                                                                                | Title: Manager   |             |  |
| Processed 06/17/2018                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                      |        |                                                                                |                  |             |  |