| No. <b>L 5043</b>                                                                |                                                                           | Due no later than May 31, 2015                                                                                               |                      | 2. Registered               | 2. Registered Agent and Address (NO PO BOX)                        |         |             |  |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------|--------------------------------------------------------------------|---------|-------------|--|
| Return to:                                                                       |                                                                           | Annual Report Form                                                                                                           |                      | to approximate them are the | SUSAN MCDONALD                                                     |         |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                                                                           | 1. Mailing Address: Correct in this box if needed.  SHAKUHACHI ENTERPRISES L.P. SUSAN MCDONALD 1933 N 20TH ST BOISE ID 83702 |                      | BOISE ID                    | 1933 N 20TH ST BOISE ID 83702  3. New Registered Agent Signature:* |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE                                         |                                                                           |                                                                                                                              |                      |                             |                                                                    |         |             |  |
| Office Held                                                                      | Name                                                                      |                                                                                                                              | Street or PO Address | City                        | State                                                              | Country | Postal Code |  |
| GENERAL PARTNER  M MCDONALD MENDOCINO PROPERTIES, LLC                            |                                                                           |                                                                                                                              | 5514 LAKE RIVER LANE | BOISE                       | ID                                                                 | USA     | 83703       |  |
| 5. Organized Under the Laws of:                                                  |                                                                           | 6. Annual Report must be signed.*                                                                                            |                      |                             |                                                                    |         |             |  |
| ID<br>L 5043                                                                     |                                                                           | Signature: M McDonald                                                                                                        |                      |                             | Date: 06/24/2015                                                   |         |             |  |
|                                                                                  |                                                                           | Name (type or print): M McDonald                                                                                             |                      |                             | Title: Mgr. GP                                                     |         |             |  |
| Processed 06/24/2015                                                             | * Electronically provided signatures are accepted as original signatures. |                                                                                                                              |                      |                             |                                                                    |         |             |  |