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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------|---------------------|
| No. <b>W 33391</b>                                                                                                                                     |              | Due no later than Sep 30, 2013                                                                                                                                                                   |                | 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>HAWKINS HOMES AND COMMUNITIES LLC<br>JEFFERY L HESS<br>855 BROAD ST STE 300<br>BOISE ID 83702-7153 |                | JEFFREY L HESS<br>855 BROAD STREET<br>SUITE 300<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 |
| MANAGER                                                                                                                                                | MATT HAWKINS | 5 TRIAD CENTER STE 350                                                                                                                                                                           | SALT LAKE CITY | UT                                                                | USA 84180           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 33391</b>                                                                                           |              | 6. Annual Report must be signed.*<br>Signature: Jeffery L Hess<br>Name (type or print): Jeffery L Hess<br>Date: 08/02/2013<br>Title: Registered Agent                                            |                |                                                                   |                     |
| Processed 08/02/2013                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                                                        |                |                                                                   |                     |