

|                                                                                                                                                        |                |                                                                                                                                                                                           |            |                                                                   |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------|---------|------------------|--|
| No. <b>W 66403</b>                                                                                                                                     |                | <b>Due no later than Sep 30, 2014</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><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>DAVIS HEIGHTS, LLC<br>GERALD MARTENS<br>621 N COLLEGE RD STE 100<br>TWIN FALLS ID 83301 |            | GERALD MARTENS<br>621 N COLLEGE RD STE 100<br>TWIN FALLS ID 83301 |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                                                                           |            | 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                                                                                                                                                | GERALD MARTENS | 621 N COLLEGE RD STE 100                                                                                                                                                                  | TWIN FALLS | ID                                                                | USA     | 83301            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                                                         |            |                                                                   |         |                  |  |
| <b>ID<br/>W 66403</b>                                                                                                                                  |                | Signature: Gerald Martens                                                                                                                                                                 |            |                                                                   |         | Date: 08/07/2014 |  |
|                                                                                                                                                        |                | Name (type or print): Gerald Martens                                                                                                                                                      |            |                                                                   |         | Title: Manager   |  |
| Processed 08/07/2014                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                                 |            |                                                                   |         |                  |  |