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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------|---------|-------------|--|
| No. <b>W 111461</b>                                                                                                                                    |                | <b>Due no later than Feb 28, 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>1. Mailing Address: Correct in this box if needed.</b><br>MORGAN FAMILY PROPERTIES, LLC<br>SHERI WHITMORE<br>741 W 150 N<br>BLACKFOOT ID 83221<br>USA |           | SHERI WHITMORE<br>741 W 150 N<br>BLACKFOOT ID 83221 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                          |           | 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                                                                                                                                                | SHERI WHITMORE | 741 W 150 N                                                                                                                                              | BLACKFOOT | ID                                                  | USA     | 83221       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 111461</b>                                                                                          |                | 6. Annual Report must be signed.*<br>Signature: Sheri Whitmore<br>Name (type or print): Sheri Whitmore                                                   |           |                                                     |         |             |  |
|                                                                                                                                                        |                | Date: 02/15/2018<br>Title: Manager                                                                                                                       |           |                                                     |         |             |  |
| Processed 02/15/2018                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                |           |                                                     |         |             |  |