

|                                                                                                                                                        |                |                                                                                                                                                                                        |         |                                                          |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------------|---------|-------------|--|
| No. <b>W 6863</b>                                                                                                                                      |                | <b>Due no later than Sep 30, 2015</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><br>MOBILE HOME PARKS OF IDAHO, AN IDAHO LIMITED<br>LIABILITY COMPANY<br>DONALD C HODGE<br>PO BOX 710<br>KETCHUM ID 83340 |         | DONALD C HODGE<br>220 S 2ND AVE #103<br>KETCHUM ID 83340 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                                                        |         | 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 |  |
| MEMBER                                                                                                                                                 | ROGER E CRIST  | PO BOX 2326                                                                                                                                                                            | KETCHUM | ID                                                       |         | 83340       |  |
| MANAGER                                                                                                                                                | DONALD C HODGE | P.O. BOX 710                                                                                                                                                                           | KETCHUM | ID                                                       | USA     | 83340       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 6863</b>                                                                                            |                | 6. Annual Report must be signed.*<br>Signature: Donald Hodge<br>Name (type or print): Donald Hodge<br>Date: 07/30/2015<br>Title: partner                                               |         |                                                          |         |             |  |
| Processed 07/30/2015                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                              |         |                                                          |         |             |  |