

|                                                                                                                                                        |                   |                                                                                                                                                         |          |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 113585</b>                                                                                                                                    |                   | Due no later than May 31, 2018                                                                                                                          |          | 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>WHITE CLOUD PROPERTY MANAGEMENT LLC<br>JERRY L BETCHAN<br>125 SIXTY LN<br>CASCADE ID 83611 |          | JERRY BETCHAN<br>125 SIXTY LN<br>CASCADE ID 83611  |         |             |  |
|                                                                                                                                                        |                   |                                                                                                                                                         |          | 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                                                                                                                                                 | SHELLEY N REECHER | 3514 NE. 80TH AVE                                                                                                                                       | PORTLAND | OR                                                 | USA     | 97213-7106  |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 113585</b>                                                                                          |                   | 6. Annual Report must be signed.*<br>Signature: Jerry<br>Name (type or print): Jerry<br>Date: 03/22/2018<br>Title: Owner                                |          |                                                    |         |             |  |
| Processed 03/22/2018                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                               |          |                                                    |         |             |  |