

|                                                                                                                                                        |             |                                                                                                                       |         |                                                       |         |                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------|---------|-------------------|--|
| No. <b>W 141682</b>                                                                                                                                    |             | <b>Due no later than Aug 31, 2016</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>WINDSOR MANOR, LLC<br>PO BOX 489<br>JACKSON WY 83001 |         | RACHEL WHOOLERY<br>2169 FERRIS LN<br>REXBURG ID 83440 |         |                   |  |
|                                                                                                                                                        |             |                                                                                                                       |         | 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                                                                                                                                                | MARK LAJOHN | PO BOX 489                                                                                                            | JACKSON | WY                                                    | USA     | 83001             |  |
| 5. Organized Under the Laws of:<br><br><b>WY</b><br><b>W 141682</b>                                                                                    |             | 6. Annual Report must be signed.*<br>Signature: Kurt Gries<br>Name (type or print): Kurt Gries                        |         |                                                       |         |                   |  |
|                                                                                                                                                        |             |                                                                                                                       |         | Date: 07/05/2016                                      |         | Title: Controller |  |
| Processed 07/05/2016                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                             |         |                                                       |         |                   |  |