

|                                                                                                                                                        |              |                                                                                |             |                                                        |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------------------------------|-------------|--------------------------------------------------------|------------------|-------------|--|
| No. <b>W 39962</b>                                                                                                                                     |              | <b>Due no later than Jun 30, 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>Annual Report Form</b>                                                      |             | J ANN HYDE<br>1520 PANCHERI DR<br>IDAHO FALLS ID 83402 |                  |             |  |
|                                                                                                                                                        |              | <b>1. Mailing Address: Correct in this box if needed.</b>                      |             | 3. <u>New</u> Registered Agent Signature:*             |                  |             |  |
|                                                                                                                                                        |              | HYDE PROPERTIES, LLC<br>J ANN HYDE<br>1520 PANCHERI DR<br>IDAHO FALLS ID 83402 |             |                                                        |                  |             |  |
| 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                                                                                                                                                 | LAMOYNE HYDE | 1520 PANCHERI DR                                                               | IDAHO FALLS | ID                                                     |                  | 83402       |  |
| MEMBER                                                                                                                                                 | J ANN HYDE   | 1520 PANCHERI DR                                                               | IDAHO FALLS | ID                                                     | USA              | 83402       |  |
| 5. Organized Under the Laws of:                                                                                                                        |              | 6. Annual Report must be signed.*                                              |             |                                                        |                  |             |  |
| <b>ID<br/>W 39962</b>                                                                                                                                  |              | Signature: J Ann Hyde                                                          |             |                                                        | Date: 06/29/2016 |             |  |
|                                                                                                                                                        |              | Name (type or print): J Ann Hyde                                               |             |                                                        | Title: Member    |             |  |
| Processed 06/29/2016                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.      |             |                                                        |                  |             |  |