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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------|---------------------|
| No. <b>W 15091</b>                                                                                                                                     |             | <b>Due no later than Apr 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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>PENN STATION APARTMENTS, LLC<br>JAKE CENTERS<br>1979 N LOCUST GROVE<br>MERIDIAN ID 83646 |       | JAKE CENTERS<br>1979 N LOCUST GROVE<br>MERIDIAN 83646 |                     |
|                                                                                                                                                        |             |                                                                                                                                                                                            |       | 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                                                                                                                                                | MASADA LLLP | PO BOX 1610                                                                                                                                                                                | EAGLE | ID                                                    | 83616               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 15091</b>                                                                                           |             | 6. Annual Report must be signed.*<br>Signature: Jake Centers<br>Name (type or print): Jake Centers<br>Date: 03/25/2015<br>Title: Agent                                                     |       |                                                       |                     |
| Processed 03/25/2015                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                                                                  |       |                                                       |                     |