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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------|---------|-------------|--|
| No. <b>W 42524</b>                                                                                                                                     |               | <b>Due no later than Sep 30, 2014</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>                                                                                                                                        |          | RANDY C LEWIS<br>621 BURRELL AVE<br>LEWISTON ID 83501 |         |             |  |
|                                                                                                                                                        |               | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>MOUNTAIN VIEW MOBILE HOME COURT L.L.C.<br>RANDY C LEWIS<br>621 BURRELL AVE<br>LEWISTON ID 83501 |          | 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                                                                                                                                                 | RANDY C LEWIS | 621 BURRELL AVE                                                                                                                                                  | LEWISTON | ID                                                    | USA     | 83501       |  |
| MEMBER                                                                                                                                                 | DONNA J LEWIS | 318 W SHILOH DR                                                                                                                                                  | LEWISTON | ID                                                    | USA     | 83501       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 42524</b>                                                                                           |               | 6. Annual Report must be signed.*<br>Signature: Randy C. Lewis<br>Name (type or print): Randy C. Lewis                                                           |          |                                                       |         |             |  |
|                                                                                                                                                        |               | Date: 09/19/2014<br>Title: Member / Partner                                                                                                                      |          |                                                       |         |             |  |
| Processed 09/19/2014                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                        |          |                                                       |         |             |  |