

|  |                      |  |       |   |         |                  |  |
|--|----------------------|--|-------|---|---------|------------------|--|
| No. <b>W 135547</b>  |                      | <b>Due no later than Mar 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>VALENCIA-NIHC ASSOCIATES LLC<br>413 W IDAHO ST #200<br>BOISE ID 83702 |       | THOMAS C MANNSCHRECK<br>413 W IDAHO ST #200<br>BOISE ID 83702 |         |                  |  |
|  |                      |  |       | 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   | THOMAS C MANNSCHRECK | 413 W. IDAHO ST #200   | BOISE | ID  | USA     | 83702            |  |
| 5. Organized Under the Laws of:  |                      | 6. Annual Report must be signed.*  |       |   |         |                  |  |
| <b>ID<br/>W 135547</b>   |                      | Signature: Thomas C. Mannschreck   |       |   |         | Date: 01/19/2016 |  |
|  |                      | Name (type or print): Thomas C. Mannschreck  |       |   |         | Title: Member    |  |
| Processed 01/19/2016   |                      | * Electronically provided signatures are accepted as original signatures.  |       |   |         |                  |  |