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| No. W 102715 | | Due no later than Apr 30, 2017 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. IDAHO 12, L.L.C. MICHAEL L MERRIMAN 7595 E MCDONALD DR STE 130 SCOTTSDALE AZ 85250 | | WILLIAM A PARSONS 137 W 13TH ST BURELY ID 83318 | | | |
| | | | | 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 | PATRICIA L OLSON | 7595 E MCDONALD DR STE 130 | SCOTTSDALE | AZ | USA | 85250 | |
| 5. Organized Under the Laws of: AZ W 102715 | | 6. Annual Report must be signed.* | | | | | |
| | | Signature: Michael L Merriman | | | | Date: 04/20/2017 | |
| | | Name (type or print): Michael L Merriman | | | | Title: Manager | |
| Processed 04/20/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | |