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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------|---------|------------------|--|
| No. <b>W 4849</b>                                                                                                                                      |                 | <b>Due no later than Oct 31, 2017</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>PIONEER PROPERTIES LLC<br>DON MCCANLIES<br>202 S 1ST ST<br>SANDPOINT ID 83864 |           | BERG & MCLAUGHLIN CHTD<br>414 CHURCH ST STE 203<br>SANDPOINT ID 83864 |         |                  |  |
|                                                                                                                                                        |                 |                                                                                                                                                |           | 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                                                                                                                                                 | DON MCCANLIES   | 202 S 1ST ST                                                                                                                                   | SANDPOINT | ID                                                                    |         | 83864            |  |
| MEMBER                                                                                                                                                 | NANCY MCCANLIES | 202 S 1ST ST                                                                                                                                   | SANDPOINT | ID                                                                    | USA     | 83864            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                              |           |                                                                       |         |                  |  |
| <b>ID<br/>W 4849</b>                                                                                                                                   |                 | Signature: William M. Berg                                                                                                                     |           |                                                                       |         | Date: 11/03/2017 |  |
|                                                                                                                                                        |                 | Name (type or print): William M. Berg                                                                                                          |           |                                                                       |         | Title: Attorney  |  |
| Processed 11/03/2017                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                      |           |                                                                       |         |                  |  |