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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------|---------------------|
| No. <b>W 26274</b>                                                                                                                                     |               | <b>Due no later than Oct 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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>DIXSON COMMERCIAL PROPERTIES MANAGEMENT, LLC<br>JOHN D DIXSON<br>290 PARK ST<br>BLACKFOOT ID 83221-1775 |           | STEPHEN H TELFORD<br>2635 CHANNING WY<br>IDAHO FALLS ID 83404 |                     |
|                                                                                                                                                        |               |                                                                                                                                                                                                       |           | 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                                                                                                                                                | JOHN D DIXSON | 290 PARK ST                                                                                                                                                                                           | BLACKFOOT | ID                                                            | 83221               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 26274</b>                                                                                           |               | 6. Annual Report must be signed.*<br>Signature: John Dixon<br>Name (type or print): John Dixon<br>Date: 08/29/2016<br>Title: Manager                                                                  |           |                                                               |                     |
| Processed 08/29/2016                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                                                             |           |                                                               |                     |