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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------------------|---------|-----------------------|--|
| No. <b>W 145600</b>                                                                                                                                    |                 | <b>Due no later than Dec 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>INWA PROPERTIES, LLC<br>1002 N SPOKANE ST<br>POST FALLS ID 83854-6731 |            | ELEVEN-FOURTEEN INC<br>608 NW BLVD STE 300<br>COEUR D ALENE ID 83814 |         |                       |  |
|                                                                                                                                                        |                 |                                                                                                                                        |            | 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                                                                                                                                                 | DORAN R THOMAS  | 1159 W COYOTE LANE                                                                                                                     | POST FALLS | ID                                                                   | USA     | 83854                 |  |
| MEMBER                                                                                                                                                 | GREGORY P BAUER | 504 S SHORE PINES RD                                                                                                                   | POST FALLS | ID                                                                   | USA     | 83854                 |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                      |            |                                                                      |         |                       |  |
| <b>ID<br/>W 145600</b>                                                                                                                                 |                 | Signature: Tracy L Bauer                                                                                                               |            |                                                                      |         | Date: 10/27/2016      |  |
|                                                                                                                                                        |                 | Name (type or print): Tracy L Bauer                                                                                                    |            |                                                                      |         | Title: Office Manager |  |
| Processed 10/27/2016                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                              |            |                                                                      |         |                       |  |