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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------|---------------------|
| No. <b>W 57265</b>                                                                                                                                     |                    | <b>Due no later than Dec 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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>WILDFIRE # EIGHT ANL OF IDAHO, LLC<br>PO BOX 51630<br>IDAHO FALLS ID 83405-1630 |              | DOUGLAS R NELSON<br>490 MEMORIAL DR STE 200<br>IDAHO FALLS ID 83405 |                     |
|                                                                                                                                                        |                    |                                                                                                                                                                                   |              | 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                                                                                                                                                | BLAINE LILJENQUIST | 1495 CROOKED PINE DR                                                                                                                                                              | MYRTLE BEACH | SC                                                                  | 29575               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 57265</b>                                                                                           |                    | 6. Annual Report must be signed.*<br>Signature: Douglas R. Nelson<br>Name (type or print): Douglas R. Nelson<br>Date: 12/28/2017<br>Title: Registered Agent                       |              |                                                                     |                     |
| Processed 12/28/2017                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                                         |              |                                                                     |                     |