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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------|---------|-------------------------|--|
| No. <b>W 115141</b>                                                                                                                                    |                 | <b>Due no later than Jun 30, 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>CS CAMPUR 17 LLC<br>RICHARD P CLARK<br>P.O. BOX 1559<br>BOISE ID 83701 |       | GIVENS PURSLEY CORPORATE SERVI<br>601 W BANNOCK ST<br>BOISE ID 83702 |         |                         |  |
|                                                                                                                                                        |                 |                                                                                                                                         |       | 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                                                                                                                                                | RICHARD P CLARK | P.O. BOX 1559                                                                                                                           | BOISE | ID                                                                   | USA     | 83701                   |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                       |       |                                                                      |         |                         |  |
| <b>ID<br/>W 115141</b>                                                                                                                                 |                 | Signature: MICHAEL K THOMAS                                                                                                             |       |                                                                      |         | Date: 05/23/2017        |  |
|                                                                                                                                                        |                 | Name (type or print): MICHAEL K THOMAS                                                                                                  |       |                                                                      |         | Title: STAFF ACCOUNTANT |  |
| Processed 05/23/2017                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                               |       |                                                                      |         |                         |  |