| No. W 14112 | | Due no later than Jan 31, 2015 | | 2. | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------|--|----------------------|----|---|-------|---------|-------------|
| Return to: | | Annual Report Form | | | WYNN MOSMAN 803 SOUTH JEFFERSON MOSCOW 83843 3. New Registered Agent Signature:* | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. SAPPHIRE RIDGE RANCH, L.L.C. TREVIN WORKMAN 632 NORTH MAIN, SUITE 2C LOGAN UT 84321 | | _ | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 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 SALLIE E ST | | ΓEPHENS | HC 61 BOX 1380 | [| DUBOISE | ID | | 83423 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Sallie E. Stephens | | | Date: 12/15/2014 | | | |
| W 14112 | | Name (type or print): Sallie E. Stephens | | | Title: Manager | | | |
| Processed 12/15/2014 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |