| and the second of the second o | | |
|--|--|--|
| No. W 35151 | Annual Report Form | Registered Agent and Office NO PO BOX NCORP SERVICES INC |
| Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF | 1. Mailing Address - Correct in this box, if applicable APACHE HILLS-CP IRONWOOD, LLC INCORP SERVICES INC 5527 KENDALL ST | 481 KENDALL ST IOISE, ID 83706 New Registered Agent Signature |
| 1 | les: Enter Names and Addresses of Managers. | |
| office held Name MgR TANCER | Street or P.O. Address | State Zip A CA 92040 |
| | | |
| | | |
| | | |
| 5. Organized Under the Laws of: DELAWARE W 35151 | 6. Signature Jamen Ekre | Date |
| * * * * * * * * * * * * * * * * * * * | Moisten Adhesive, Do Not Tape or Staple | . And the second |