

| No. <b>W 4358</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Due no later than Jul 31, 2014<br>Annual Report Form                                                                                                |                                                                                                                                                                    | 2. Registered Agent and Office<br>(NOT A P.O. BOX)                                                       |                   |         |                      |      |       |         |             |                                                                             |                         |           |          |    |     |            |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------|---------|----------------------|------|-------|---------|-------------|-----------------------------------------------------------------------------|-------------------------|-----------|----------|----|-----|------------|------------------------------------------------------------------|--|--|--|--|--|--|------------------------------------------------------------------|--|--|--|--|--|--|------------------------------------------------------------------|--|--|--|--|--|--|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>NO FILING FEE IF<br>RECEIVED BY DUE<br>DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1. Mailing Address: Correct in this box if needed.<br>MICHAEL'S MANOR, L.L.C.<br>SHEILA ELAINE SHURTLIFF<br>727 MORAN<br>CHUBBUCK ID 83202-1743 USA |                                                                                                                                                                    | SHEILA ELAINE SHURTLIFF<br>727 MORAN<br>CHUBBUCK ID 83202-1743<br><br>3. New Registered Agent Signature. |                   |         |                      |      |       |         |             |                                                                             |                         |           |          |    |     |            |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.<br><table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Sheila Elaine Shurtliff</td> <td>727 Moran</td> <td>Chubbuck</td> <td>ID</td> <td>USA</td> <td>83202-1743</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                     |                                                                                                                                                                    |                                                                                                          | Manager or Member | Name    | Street or PO Address | City | State | Country | Postal Code | Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Sheila Elaine Shurtliff | 727 Moran | Chubbuck | ID | USA | 83202-1743 | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  |
| Manager or Member                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Name                                                                                                                                                | Street or PO Address                                                                                                                                               | City                                                                                                     | State             | Country | Postal Code          |      |       |         |             |                                                                             |                         |           |          |    |     |            |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Sheila Elaine Shurtliff                                                                                                                             | 727 Moran                                                                                                                                                          | Chubbuck                                                                                                 | ID                | USA     | 83202-1743           |      |       |         |             |                                                                             |                         |           |          |    |     |            |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                     |                                                                                                                                                                    |                                                                                                          |                   |         |                      |      |       |         |             |                                                                             |                         |           |          |    |     |            |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                     |                                                                                                                                                                    |                                                                                                          |                   |         |                      |      |       |         |             |                                                                             |                         |           |          |    |     |            |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                     |                                                                                                                                                                    |                                                                                                          |                   |         |                      |      |       |         |             |                                                                             |                         |           |          |    |     |            |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| 5. Organized Under the Laws of:<br><br><b>IDAHO</b><br><b>W 4358</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                     | 6. Signatures:<br><u>Sheila Elaine Shurtliff</u><br>Name (type or print):<br><u>Sheila Elaine Shurtliff</u><br>Date:<br><u>7-30-14</u><br>Title:<br><u>Manager</u> |                                                                                                          |                   |         |                      |      |       |         |             |                                                                             |                         |           |          |    |     |            |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Issued 07/30/2014 by OXC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                     | 129411                                                                                                                                                             |                                                                                                          |                   |         |                      |      |       |         |             |                                                                             |                         |           |          |    |     |            |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |