

|                                                                                                                                                        |             |                                                                                                                                                |       |                                                    |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------------------|
| No. <b>W 16122</b>                                                                                                                                     |             | <b>Due no later than Aug 31, 2016</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>CUSHING PROPERTIES, LLC<br>TOM CUSHING<br>576 N QUARRY VIEW<br>BOISE ID 83712 |       | TOM CUSHING<br>2520 FAIRVIEW AVE<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 |
| MEMBER                                                                                                                                                 | TOM CUSHING | 2520 FAIRVIEW AVE                                                                                                                              | BOISE | ID                                                 | 83702               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 16122</b>                                                                                           |             | 6. Annual Report must be signed.*<br>Signature: tomcushing<br>Name (type or print): tomcushing<br>Date: 06/27/2016<br>Title: officer           |       |                                                    |                     |
| Processed 06/27/2016                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                      |       |                                                    |                     |