

|                                                                                                                                                        |                 |                                                                                                                                                        |            |                                                             |         |                         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------|---------|-------------------------|--|
| No. <b>W 148750</b>                                                                                                                                    |                 | <b>Due no later than Mar 31, 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>WHITE HOUSE PROPERTIES, LLC<br>DAVID E JOHNSON<br>PO BOX 5931<br>TWIN FALLS ID 83303-5931 |            | DAVID E JOHNSON<br>1935 GRANADA<br>TWIN FALLS ID 83301-8330 |         |                         |  |
|                                                                                                                                                        |                 |                                                                                                                                                        |            | 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                                                                                                                                                | DAVID E JOHNSON | 1935 GRANADA DR PO BOX 5931                                                                                                                            | TWIN FALLS | ID                                                          | USA     | 83303-5931              |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                                      |            |                                                             |         |                         |  |
| <b>ID<br/>W 148750</b>                                                                                                                                 |                 | Signature: David E Johnson                                                                                                                             |            |                                                             |         | Date: 02/08/2017        |  |
|                                                                                                                                                        |                 | Name (type or print): David E Johnson                                                                                                                  |            |                                                             |         | Title: Registered Agent |  |
| Processed 02/08/2017                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                              |            |                                                             |         |                         |  |