| No. W 88887 | | Due no later than Dec 31, 2017 | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-----------------------|--|---|----------|------------|----------------|
| Return to: | | Annual Report Form | BILL SHUBIN | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. HORIZONS 4 CONDO UNIT 126, LLC BILL SHUBIN PO BOX 1593 KETCHUM ID 83340 | 631 E AVE N KETCHUM ID 83340 3. New Registered Agent Signature:* | | | |
| 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 Nar | me | Street or PO Address | City | State | Country | Postal Code |
| | L SHUBIN IARON SHI | | KETCHUM KETCHUM | ID ID | USA USA | 83340 83340 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | |
| ID W 88887 | | Signature: Bill Shubin Date: 11/10/2017 | | | | |
| | | Name (type or print): Bill Shubin | Title: Member | | | |
| Processed 11/10/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | |