| No. W 74914 | | Due no later than Jun 30, 2018 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------|---|-----------------------|---|---|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. FOUNDATION PROPERTIES, LLC TIFFANI OWEN 1675 S. MAPLE GROVE RD. POISE ID 92700 | | 1675 S. MA | TIFFANI SNELLING 1675 S. MAPLE GROVE RD. BOISE ID 83709 | | | |
| | | | | | 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | BOISE ID 83709 | | 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 TIFFANI OW | | /EN | 1675 S MAPLE GROVE RD | BOISE | ID | | 83709 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Sarah Moore | | Date | Date: 04/30/2018 | | | |
| W 74914 | | Name (type or print): Sarah Moore | | Title: | Title: Finance Manager | | | |
| Processed 04/30/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |