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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------|---------------------|-------------|--|
| No. <b>W 98504</b>                                                                                                                                     |             | <b>Due no later than Dec 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>ALAMEDA PROPERTY, LLC<br>LOGAN HALL<br>PO BOX 50620<br>IDAHO FALLS ID 83405 |             | SHAWN D BOYLE<br>3875 AMERICAN WAY<br>IDAHO FALLS ID 83402 |                     |             |  |
|                                                                                                                                                        |             |                                                                                                                                              |             | 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                                                                                                                                                 | BRAD H HALL | PO BOX 50620                                                                                                                                 | IDAHO FALLS | ID                                                         | USA                 | 83405       |  |
| MEMBER                                                                                                                                                 | ANDREA HALL | PO BOX 50620                                                                                                                                 | IDAHO FALLS | ID                                                         | USA                 | 83405       |  |
| MANAGER                                                                                                                                                | LOGAN HALL  | PO BOX 50620                                                                                                                                 | IDAHO FALLS | ID                                                         | USA                 | 83405       |  |
| 5. Organized Under the Laws of:                                                                                                                        |             | 6. Annual Report must be signed.*                                                                                                            |             |                                                            |                     |             |  |
| <b>ID<br/>W 98504</b>                                                                                                                                  |             | Signature: Shawn Boyle                                                                                                                       |             |                                                            | Date: 11/08/2016    |             |  |
|                                                                                                                                                        |             | Name (type or print): Shawn Boyle                                                                                                            |             |                                                            | Title: Filing Party |             |  |
| Processed 11/08/2016                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                    |             |                                                            |                     |             |  |