

|  |                    |   |       |   |                     |
|--|--------------------|---|-------|---|---------------------|
| No. <b>W 48690</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>M.D. PHILLIPS HOMES, LLC<br>MICHAEL D PHILLIPS<br>12930 W ORCHARD AVE<br>NAMPA ID 83651 |       | MICHAEL D PHILLIPS<br>12930 W ORCHARD AVE<br>NAMPA ID 83651 |                     |
|  |                    |   |       | 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   | MICHAEL D PHILLIPS | 12930 W ORCHARD AVE   | NAMPA | ID  | 83651               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 48690</b>   |                    | 6. Annual Report must be signed.*<br>Signature: Michael Phillips<br>Name (type or print): Michael Phillips<br>Date: 02/21/2017<br>Title: Owner  |       |   |                     |
| Processed 02/21/2017   |                    | * Electronically provided signatures are accepted as original signatures.   |       |   |                     |