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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------|---------------------|
| No. <b>W 16162</b>                                                                                                                                     |              | Due no later than Aug 31, 2016                                                                                                                                                                    |               | 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>QUAD PARK CENTER, L.L.C.<br>BRET A DIRKS<br>850 W IRONWOOD DR STE 300<br>COEUR D ALENE ID 83814 |               | JOHN F MAGNUSON<br>1250 N NORTHWOOD CENTER COURT<br>#A<br>COEUR D'ALENE ID 83814 |                     |
|                                                                                                                                                        |              |                                                                                                                                                                                                   |               | 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                                                                                                                                                | BRET A DIRKS | 850 W. IRONWOOD DRIVE STE 300                                                                                                                                                                     | COEUR D ALENE | ID                                                                               | USA 83814           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 16162</b>                                                                                           |              | 6. Annual Report must be signed.*<br>Signature: Bret Dirks<br>Name (type or print): Bret Dirks<br>Date: 06/30/2016<br>Title: Manager                                                              |               |                                                                                  |                     |
| Processed 06/30/2016                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                                                         |               |                                                                                  |                     |