

| No. W 97761   |                 | Due no later than Nov 30, 2014<br>Annual Report Form  |          | 2. Registered Agent and Office<br><b>(NOT A P.O. BOX)</b><br>DONALD R HERNDON<br>27868 HERNDON RD<br>CULDESAC ID 83524 |           |                   |             |                      |    |      |       |         |             |   |              |               |          |           |       |  |  |   |                 |               |    |          |           |       |  |   |                |               |    |          |           |       |  |  |  |  |  |  |  |  |  |
|---|-----------------|---|----------|--|-----------|-------------------|-------------|----------------------|----|------|-------|---------|-------------|---|--------------|---------------|----------|-----------|-------|--|--|---|-----------------|---------------|----|----------|-----------|-------|--|---|----------------|---------------|----|----------|-----------|-------|--|--|--|--|--|--|--|--|--|
| Return to:<br><br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080  |                 | 1. Mailing Address: Correct in this box if needed.<br><br>HERNDON CRAIGMONT PLACE, LLC<br>DONALD R HERNDON<br>27868 HERNDON RD<br>CULDESAC ID 83524 |          |  |           |                   |             |                      |    |      |       |         |             |   |              |               |          |           |       |  |  |   |                 |               |    |          |           |       |  |   |                |               |    |          |           |       |  |  |  |  |  |  |  |  |  |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE<br/>DATE</b>  |                 |   |          | 3. New Registered Agent Signature.   |           |                   |             |                      |    |      |       |         |             |   |              |               |          |           |       |  |  |   |                 |               |    |          |           |       |  |   |                |               |    |          |           |       |  |  |  |  |  |  |  |  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.   |                 |   |          |  |           |                   |             |                      |    |      |       |         |             |   |              |               |          |           |       |  |  |   |                 |               |    |          |           |       |  |   |                |               |    |          |           |       |  |  |  |  |  |  |  |  |  |
| <table border="0"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>RD</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>John HERNDON</td> <td>27868 HERNDON</td> <td>CULDESAC</td> <td>IDA, N.P.</td> <td>83524</td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>LAVERNE HERNDON</td> <td>27868 HERNDON</td> <td>RD</td> <td>CULDESAC</td> <td>IDA, N.P.</td> <td>83524</td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>DONALD HERNDON</td> <td>27868 HERNDON</td> <td>RD</td> <td>CULDESAC</td> <td>IDA, N.P.</td> <td>83524</td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                 |   |          |  |           | Manager or Member | Name        | Street or PO Address | RD | City | State | Country | Postal Code | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | John HERNDON | 27868 HERNDON | CULDESAC | IDA, N.P. | 83524 |  |  | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | LAVERNE HERNDON | 27868 HERNDON | RD | CULDESAC | IDA, N.P. | 83524 |  | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | DONALD HERNDON | 27868 HERNDON | RD | CULDESAC | IDA, N.P. | 83524 |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  |  |
| Manager or Member   | Name            | Street or PO Address  | RD       | City   | State     | Country           | Postal Code |                      |    |      |       |         |             |   |              |               |          |           |       |  |  |   |                 |               |    |          |           |       |  |   |                |               |    |          |           |       |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>   | John HERNDON    | 27868 HERNDON   | CULDESAC | IDA, N.P.  | 83524     |                   |             |                      |    |      |       |         |             |   |              |               |          |           |       |  |  |   |                 |               |    |          |           |       |  |   |                |               |    |          |           |       |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>   | LAVERNE HERNDON | 27868 HERNDON   | RD       | CULDESAC   | IDA, N.P. | 83524             |             |                      |    |      |       |         |             |   |              |               |          |           |       |  |  |   |                 |               |    |          |           |       |  |   |                |               |    |          |           |       |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>   | DONALD HERNDON  | 27868 HERNDON   | RD       | CULDESAC   | IDA, N.P. | 83524             |             |                      |    |      |       |         |             |   |              |               |          |           |       |  |  |   |                 |               |    |          |           |       |  |   |                |               |    |          |           |       |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |                 |   |          |  |           |                   |             |                      |    |      |       |         |             |   |              |               |          |           |       |  |  |   |                 |               |    |          |           |       |  |   |                |               |    |          |           |       |  |  |  |  |  |  |  |  |  |
| 5. Organized Under the Laws of:<br><br>IDAHO<br>W 97761   |                 | 6. Signature: <u>Donald R. Herndon</u><br>Name (type or print): <u>DONALD R. HERNDON</u><br>Date: <u>10-6-14</u><br>Title: <u>SEC. TRES.</u>        |          |  |           |                   |             |                      |    |      |       |         |             |   |              |               |          |           |       |  |  |   |                 |               |    |          |           |       |  |   |                |               |    |          |           |       |  |  |  |  |  |  |  |  |  |
| Issued 10/02/2014 by CLH  |                 |   |          |  |           | 112385            |             |                      |    |      |       |         |             |   |              |               |          |           |       |  |  |   |                 |               |    |          |           |       |  |   |                |               |    |          |           |       |  |  |  |  |  |  |  |  |  |

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**

**Block 3:** Only a **new** registered agent must sign in Block 3.

**Block 4:** Check either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company. **Note:** **DO NOT** put "same as last year" or "same as above". **These will not be accepted. Changes here will not affect the address in Block 1.** If more space is needed please add an attachment.