

|  |             |   |         |  |         |                  |  |
|--|-------------|---|---------|--|---------|------------------|--|
| No. <b>W 5109</b>  |             | <b>Due no later than Dec 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>1. Mailing Address: Correct in this box if needed.</b><br><br>CHUBBUCK MOBILE HOME PARKS, LLC<br>JAMES W HODGE<br>PO BOX 240<br>KETCHUM ID 83340 |         | JAMES W HODGE<br>119 STIRRUP LANE<br>KETCHUM ID 83340-8334 |         |                  |  |
|  |             |   |         | 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   | JAMES HODGE | 119 STIRRUP LANE  | KETCHUM | ID   | USA     | 83340            |  |
| 5. Organized Under the Laws of:  |             | 6. Annual Report must be signed.*   |         |  |         |                  |  |
| <b>ID<br/>W 5109</b>   |             | Signature: Christy A McPherson  |         |  |         | Date: 11/04/2017 |  |
|  |             | Name (type or print): Christy A McPherson   |         |  |         | Title: CPA       |  |
| Processed 11/04/2017   |             | * Electronically provided signatures are accepted as original signatures.   |         |  |         |                  |  |