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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------|---------|------------------|--|
| No. <b>W 108157</b>                                                                                                                                    |                 | <b>Due no later than Nov 30, 2015</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>CANYON PROPERTY MANAGEMENT, LLC<br>KATHRYN BOWEN<br>2020 W. WINTERWOOD CT.<br>NAMPA ID 83686<br>USA |       | KATHRYN BOWEN<br>2020 W. WINTERWOOD CT.<br>NAMPA ID 83686-8368 |         |                  |  |
|                                                                                                                                                        |                 |                                                                                                                                                                  |       | 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                                                                                                                                                | KATHRYN R BOWEN | 2020 W. WINTERWOOD CT.                                                                                                                                           | NAMPA | ID                                                             | USA     | 83686            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                                                |       |                                                                |         |                  |  |
| <b>ID<br/>W 108157</b>                                                                                                                                 |                 | Signature: Kathryn Bowen                                                                                                                                         |       |                                                                |         | Date: 11/03/2015 |  |
|                                                                                                                                                        |                 | Name (type or print): Kathryn Bowen                                                                                                                              |       |                                                                |         | Title: agent     |  |
| Processed 11/03/2015                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                        |       |                                                                |         |                  |  |