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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------|---------|------------------|--|
| No. <b>W 592</b>                                                                                                                                       |                      | <b>Due no later than Oct 31, 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><br>CENTURION PROPERTIES, L.L.C.<br>ROBERT R ANGELL<br>100 N 9TH ST STE 200<br>BOISE ID 83702 |       | ROBERT R ANGELL<br>100 N 9TH ST STE 200<br>BOISE ID 83702 |         |                  |  |
|                                                                                                                                                        |                      |                                                                                                                                                            |       | 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                                                                                                                                                | THOMAS C MANNSCHRECK | 413 W IDAHO STE 200                                                                                                                                        | BOISE | ID                                                        |         | 83702            |  |
| MANAGER                                                                                                                                                | LARRY D STEVENS      | 100 N. 9TH ST., STE. 200                                                                                                                                   | BOISE | ID                                                        | USA     | 83702            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                      | 6. Annual Report must be signed.*                                                                                                                          |       |                                                           |         |                  |  |
| <b>ID<br/>W 592</b>                                                                                                                                    |                      | Signature: Robert R. Angell                                                                                                                                |       |                                                           |         | Date: 08/20/2015 |  |
|                                                                                                                                                        |                      | Name (type or print): Robert R. Angell                                                                                                                     |       |                                                           |         | Title: Manager   |  |
| Processed 08/20/2015                                                                                                                                   |                      | * Electronically provided signatures are accepted as original signatures.                                                                                  |       |                                                           |         |                  |  |