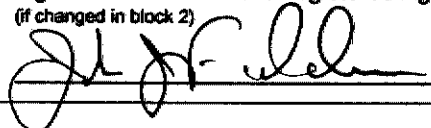


INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-04-1992

No. 368	Idaho Limited Liability Company Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Return To	Due No Later Than November 30, 1995	JOHN MICHAEL BRASSEY JOHN J. McFadden
Secretary of State 700 W. Jefferson P.O. Box 85720	Mailing Address -- Please Correct if Not Correct	999 MAIN ST, SUITE 910
NO. 7-07-11 '95 Boise, ID 83720-0080	GREEN VALLEY HOMES LIMITED LIAB	BOISE ID 83702
FIRST NOTICE *	JOHN MICHAEL BRASSEY	3. Organized Under The Laws of
NO FEE REQUIRED	999 MAIN ST, SUITE 910	ID
	BOISE ID 83702	NO: 368

4. Names and Addresses of ☐ Managers or ☐ Members (check one)	MUST BE PRINTED OR TYPED																									
<table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>H. LEE CARTER</td> <td>920 Grella Dr</td> <td>Lawton</td> <td>ID</td> <td>83501</td> </tr> <tr> <td>Margaret B Carter</td> <td>" " "</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Brian Dooley</td> <td>434 Linden Ave</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Merry C Dooley</td> <td>" "</td> <td>"</td> <td>"</td> <td>7</td> </tr> </tbody> </table>	Name	Street or P.O. Address	City	State	Zip	H. LEE CARTER	920 Grella Dr	Lawton	ID	83501	Margaret B Carter	" " "	"	"	"	Brian Dooley	434 Linden Ave	"	"	"	Merry C Dooley	" "	"	"	7	
Name	Street or P.O. Address	City	State	Zip																						
H. LEE CARTER	920 Grella Dr	Lawton	ID	83501																						
Margaret B Carter	" " "	"	"	"																						
Brian Dooley	434 Linden Ave	"	"	"																						
Merry C Dooley	" "	"	"	7																						

5. Signature of the Current Registered Agent (if changed in block 2) 	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature  Date 1/21/95 Name (Typed or Printed)
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