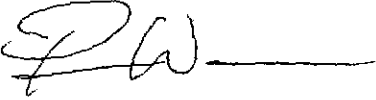


No. W 58497	Due no later than Jan 31, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) PAUL WILSON 2120 W SUNRISE RM BOISE ID 83705																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ACTION HOMES LLC PAUL J WILSON 2120 W SUNRISE RIM BOISE ID 83705		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 5%;">State</th> <th style="width: 5%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Paul Wilson</td> <td>2120 W Sunrise Rim, Boise Id</td> <td>Ada</td> <td></td> <td></td> <td>83705</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> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></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> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Paul Wilson	2120 W Sunrise Rim, Boise Id	Ada			83705	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 58497	6. Signature: 		Date: <u>1-26-16</u>																																			
Name (type or print): <u>Paul Wilson</u>		Title: <u>Manager</u>																																				
Issued 01/26/2016 by JLI 120397																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM