| No. W 171097 | Due no later than Sep 30, 2018 | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|---|-------|---------|-------------|
| Return to: | Annual Report Form | BLAKE HANSEN 500 E. SHORE DR SUITE 120 EAGLE ID 83616-5754 3. New Registered Agent Signature:* | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed. | | | | |
| | ALTURAS TREASURE VALLEY CROSSING, LLC BLAKE HANSEN 500 E. SHORE DR | | | | |
| | SUITE 120 | | | | |
| NO FILING FEE IF | EAGLE ID 83616-5754 | | | | |
| RECEIVED BY DUE DATE | | | | | |
| 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 ALTURAS MANAGEMENT GROUP LLC 500 E. SHORE DR SUITE 120 | | EAGLE | ID | USA | 83616-5754 |
| | | | | | |
| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | | | | |
| ID | Signature: Dean Coombs | Date: 07/31/2018 | | | |
| W 171097 | Name (type or print): Dean Coombs | Title: Authorized Agent | | | |
| Processed 07/31/2018 | * Electronically provided signatures are accepted as original signatures. | | | | |