| No. W 38882 | | Due no later than Apr 30, 2016 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|---|--|---|----------------|------------|------------------------------|
| Return to: SECRETARY OF STATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. | | CHARLES L PORTER 4102 N CANYON RIDGE DR | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | DAWN, L.L.C. CHARLES L PORTER 4102 N CANYON RIDGE DR TWIN FALLS ID 83301-8173 | | TWIN FALLS ID 83301-8173 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Limited Liability Compan | ies: Enter Nar | nes and Addresses of | at least one Member or Manager. | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code |
| MEMBER MEMBER MEMBER | ROBERT J PORTER BECKIE S CLARK CHARLES L PORTER | | 1789 W COUNTY 17 3/4 ST 140 E COTTONWOOD P.O. BOX 104 4102 N CANYON RIDGE DR | SOMERTON OAKLEY TWIN FALLS | AZ ID ID | USA USA | 85350-8556 83346 83301 |
| MEMBER | BETTY D PO | | 4102 N CANYON RIDGE DR 4102 N CANYON RIDGE DR | TWIN FALLS | ID | | 83301 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 38882 | | Signature: BECKIE CLARK | | Date: 04/07/2016 | | | |
| | | Name (type or pri | Title: MEMBER | | | | |
| Processed 04/07/2016 | * Electronically provided signatures are accepted as original signatures. | | | | | | |