

|                                                                                                                                                        |           |                                                                                                                                                                    |       |                                                             |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------|---------|------------------|--|
| No. <b>W 102110</b>                                                                                                                                    |           | <b>Due no later than Apr 30, 2014</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>ADVANTAGE RESIDENTIAL REAL ESTATE, LLC<br>DON WIXOM<br>5680 E FRANKLIN RD SUITE 100<br>NAMPA ID 83687 |       | DON WIXOM<br>5680 E FRANKLIN RD SUITE 100<br>NAMPA ID 83687 |         |                  |  |
|                                                                                                                                                        |           |                                                                                                                                                                    |       | 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      |  |
| MEMBER                                                                                                                                                 | DON WIXOM | 5680 E FRANKLIN RD. STE 100                                                                                                                                        | NAMPA | ID                                                          | USA     | 83687            |  |
| 5. Organized Under the Laws of:                                                                                                                        |           | 6. Annual Report must be signed.*                                                                                                                                  |       |                                                             |         |                  |  |
| <b>ID<br/>W 102110</b>                                                                                                                                 |           | Signature: Don Wixom                                                                                                                                               |       |                                                             |         | Date: 02/11/2014 |  |
|                                                                                                                                                        |           | Name (type or print): Don Wixom                                                                                                                                    |       |                                                             |         | Title: Member    |  |
| Processed 02/11/2014                                                                                                                                   |           | * Electronically provided signatures are accepted as original signatures.                                                                                          |       |                                                             |         |                  |  |