| No. W 22692 | Due no later than Feb 28, 2017 | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--|------------------------------------|--|---|---------|-------------|--|
| Return to: | Annual Report Form | | | J FRANCIS FLORENCE 195 RIVER VISTA PL. STE. 302 TWIN FALLS ID 83301 | | | |
| SECRETARY OF STATE | 1. Mailing Address: Correct in this box if needed. MILESTONE BUILDERS/DEVELOPERS, LLC J FRANCIS FLORENCE 195 RIVER VISTA PL. STE. 302 | | 50 - 2000 CONTO - 20 - 20 - 2000 CONTO CON | | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | TWIN FALLS | | | | |
| | TWIN FALLS ID 83301 | | 3. New Register | 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Limited Liability Companies: Enter Na | mes and Addresses | of at least one Member or Manager. | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER J FRANCIS FLORENCE 4129 HIDDEN LAKES DR | | KIMBERLY | ID | | 83341 | | |
| 5. Organized Under the Laws of: | 6. Annual Report i | | | | | | |
| ID Signatu | | ature: Betsy Florence | | Date: 12/21/2016 | | | |
| W 22692 | Name (type or print): Betsy Florence | | | Title: Office Mngr. | | | |
| Processed 12/21/2016 | * Electronically provided signatures are accepted as original signatures. | | | | | | |