

|                                                                                                                                                        |                |                                                                                                                                                              |         |                                                          |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------------|---------|------------------|--|
| No. <b>W 135654</b>                                                                                                                                    |                | <b>Due no later than Mar 31, 2017</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>CROSSROADS PLAZA, LLC<br>STEVE GIACOBBI GENEVA EQUITIES III<br>P O BOX 8880<br>KETCHUM ID 83340 |         | GENEVA EQUITIES III<br>540 2ND AVE N<br>KETCHUM ID 83340 |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                                              |         | 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                                                                                                                                                 | STEVE GIACOBBI | P O BOX 8880                                                                                                                                                 | KETCHUM | ID                                                       | USA     | 83340            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                            |         |                                                          |         |                  |  |
| <b>ID<br/>W 135654</b>                                                                                                                                 |                | Signature: Steven Giacobbi                                                                                                                                   |         |                                                          |         | Date: 01/23/2017 |  |
|                                                                                                                                                        |                | Name (type or print): Steven Giacobbi                                                                                                                        |         |                                                          |         | Title: Member    |  |
| Processed 01/23/2017                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                    |         |                                                          |         |                  |  |