


| No. <b>W 42945</b>  | Due no later than Sep 30, 2017<br><b>Annual Report Form</b>   |   | 2. Registered Agent and Office<br><b>(NOT A P.O. BOX)</b><br>EDWARD B BOWMAN<br>802 N KNOX AVE<br>STAR ID 83669 |                   |         |                      |      |       |         |             |   |           |                 |      |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|-------------------|---------|----------------------|------|-------|---------|-------------|---|-----------|-----------------|------|----|--|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE<br/>DATE</b>  | 1. <b>Mailing Address: Correct in this box if needed.</b><br>PATRA PROPERTIES LLC<br>EDWARD B BOWMAN<br>802 N KNOX AVE<br>STAR ID 83669 |   | 3. <u>New</u> Registered Agent Signature.   |                   |         |                      |      |       |         |             |   |           |                 |      |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.   |   |   |   |                   |         |                      |      |       |         |             |   |           |                 |      |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Manager or Member</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 30%;">Street or PO Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Country</th> <th style="text-align: left; width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Ed Bowman</td> <td>802 N. KNOX AVE</td> <td>STAR</td> <td>ID</td> <td></td> <td>83669</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |   |   |   | Manager or Member | Name    | Street or PO Address | City | State | Country | Postal Code | Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Ed Bowman | 802 N. KNOX AVE | STAR | ID |  | 83669 | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  |
| Manager or Member   | Name  | Street or PO Address  | City  | State             | Country | Postal Code          |      |       |         |             |   |           |                 |      |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>   | Ed Bowman   | 802 N. KNOX AVE   | STAR  | ID                |         | 83669                |      |       |         |             |   |           |                 |      |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |   |   |   |                   |         |                      |      |       |         |             |   |           |                 |      |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |   |   |   |                   |         |                      |      |       |         |             |   |           |                 |      |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |   |   |   |                   |         |                      |      |       |         |             |   |           |                 |      |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. Organized Under the Laws of:<br><br><div style="text-align: center; font-weight: bold;">IDAHO<br/>W 42945</div>  |   | 6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;">           Signature: <br/>           Name (type or print): <u>Ed Bowman</u> </div> <div style="width: 35%;">           Date: <u>8/28/17</u><br/>           Title: <u>MANAGER</u> </div> </div> |   |                   |         |                      |      |       |         |             |   |           |                 |      |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM