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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 111257</b>                                                                                                                                    |                 | <b>Due no later than Feb 28, 2015</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>HICKS QUALITY HOMES CONSTRUCTION L.L.C.<br>TIMOTHY E HICKS<br>PO BOX 612<br>KOOSKIA ID 83539<br>USA |         | TIMOTHY HICKS<br>338 TRENARY RD<br>KOOSKIA 83539   |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                  |         | 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                                                                                                                                                 | AMY R HICKS     | 338 TRENARY RD PO BOX 612                                                                                                                                        | KOOSKIA | ID                                                 | USA     | 83539       |  |
| MEMBER                                                                                                                                                 | TIMOTHY E HICKS | PO BOX 612 338 TRENARY RD                                                                                                                                        | KOOSKIA | ID                                                 | USA     | 83539       |  |
| 5. Organized Under the Laws of:<br><b>ID<br/>W 111257</b>                                                                                              |                 | 6. Annual Report must be signed.*<br>Signature: Timothy E Hicks<br>Name (type or print): Timothy E Hicks<br>Date: 01/08/2015<br>Title: Member                    |         |                                                    |         |             |  |
| Processed 01/08/2015                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                        |         |                                                    |         |             |  |