

|  |  |  |   |                                    |         |             |
|--|--|--|---|------------------------------------|---------|-------------|
| No. <b>W 93361</b>   | <b>Due no later than May 31, 2017</b><br><b>Annual Report Form</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>                      |  | CHAD S GRAVES<br>372 S EAGLE RD STE 389<br>EAGLE ID 83616 |                                    |         |             |
|  | LONGVIEW MHP, LLC<br>CHAD S GRAVES<br>372 S EAGLE RD STE 389<br>EAGLE ID 83616 |  | 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 |
| MANAGER  | CHAD S GRAVES  | 372 S EAGLE RD STE 389   | EAGLE   | ID                                 | USA     | 83616       |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 93361</b>   |  | 6. Annual Report must be signed.*<br>Signature: Chad S Graves<br>Name (type or print): Chad S Graves |   | Date: 05/11/2017<br>Title: Manager |         |             |
| Processed 05/11/2017   |  | * Electronically provided signatures are accepted as original signatures.                            |   |                                    |         |             |