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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------|---------|-------------|--|
| No. <b>W 32576</b>                                                                                                                                     |                 | <b>Due no later than Aug 31, 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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>ALLEN PROPERTIES, LLC<br>VICTOR F ALLEN<br>1603-A 12TH AVE. ROAD<br>NAMPA ID 83686 |       | VICTOR F ALLEN<br>1216 TORREY LANE<br>NAMPA ID 83686 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                                      |       | 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                                                                                                                                                 | VICTOR F ALLEN  | 1216 TORREY LANE                                                                                                                                                                     | NAMPA | ID                                                   | USA     | 83686       |  |
| MEMBER                                                                                                                                                 | MARTINA R ALLEN | 1216 TORREY LANE                                                                                                                                                                     | NAMPA | ID                                                   | USA     | 83686       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 32576</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: SUSAN RAY<br>Name (type or print): SUSAN RAY                                                                                         |       |                                                      |         |             |  |
|                                                                                                                                                        |                 | Date: 06/24/2015<br>Title: BOOKKEEPER                                                                                                                                                |       |                                                      |         |             |  |
| Processed 06/24/2015                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                            |       |                                                      |         |             |  |