

| No. W 96479 | | Due no later than Sep 30, 2015 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
|----------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. COLONIAL HEIGHTS TOWNHOUSES LLC JOY JACOBSON 106 TRIPLE J RD IRWIN ID 83428 USA | | BLAIR JACOBSON 106 TRIPLE J RD IRWIN ID 83428 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 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 | BLAKE O JACOBSON | 131 TRIPLE J ROAD | IRWIN | ID | USA | 83428 | |
| MEMBER | LANAE JACOBSON | 131 TRIPLE J ROAD | IRWIN | ID | USA | 83428 | |
| MEMBER | BLAIR A JACOBSON | 106 TRIPLE J ROAD | IRWIN | ID | USA | 83428 | |
| MANAGER | JOY L JACOBSON | 106 TRIPLE J ROAD | IRWIN | ID | USA | 83428 | |
| 5. Organized Under the Laws of: ID W 96479 | | 6. Annual Report must be signed.* Signature: joy jacobson Name (type or print): joy jacobson | | | | | |
| | | Date: 07/24/2015 Title: manager | | | | | |
| Processed 07/24/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | |