

|                                                                                                                                                        |               |                                                                                                                                            |              |                                                     |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------|---------|------------------|--|
| No. <b>W 94204</b>                                                                                                                                     |               | <b>Due no later than Jun 30, 2017</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>PRIEST GARDENS, LLC<br>REBECCA TISDELL<br>PO BOX 877<br>PRIEST RIVER ID 83856 |              | TED TISDELL<br>34 S. TREAT<br>PRIEST RIVER ID 83856 |         |                  |  |
|                                                                                                                                                        |               |                                                                                                                                            |              | 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                                                                                                                                                | TED H TISDELL | PO BOX 877                                                                                                                                 | PRIEST RIVER | ID                                                  | USA     | 83856            |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                                                                          |              |                                                     |         |                  |  |
| <b>ID<br/>W 94204</b>                                                                                                                                  |               | Signature: Rebecca Tisdell                                                                                                                 |              |                                                     |         | Date: 04/28/2017 |  |
|                                                                                                                                                        |               | Name (type or print): Rebecca Tisdell                                                                                                      |              |                                                     |         | Title: Manager   |  |
| Processed 04/28/2017                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                  |              |                                                     |         |                  |  |