No. C 159439	Annual Report Form 1. Mailing Address: Correct in this box if needed. NICOLI HOMES, INC. SHANNON N. SHUMATE 5386 W. LOCKPORT DRIVE		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			5386 W. LC BOISE ID	SHANNON N SHUMATE 5386 W. LOCKPORT DRIVE BOISE ID 83703 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Busin	ess Addresses of	President, Secretary, and Directors. Treasur	er (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT SHANNON N	I. SHUMATE	5386 W. LOCKPORT DRIVE	BOISE	ID	USA	83703	
5. Organized Under the Laws of:	6. Annual Report must be signed.*						
ID	Signature: shannon shumate			Date: 01/26/2016			
C 159439	Name (type o		Title: president				
Processed 01/26/2016	* Electronically provided signatures are accepted as original signatures.						