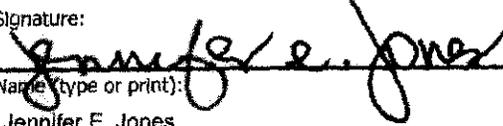


No. W 152258	Due no later than May 31, 2018 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) COGENCY GLOBAL INC. 921 S ORCHARD ST STE G BOISE ID 83705 USA																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SHERMAN HOLLOW PROJECT, LLC (THE) 3112 LOS FELIZ BLVD LOS ANGELES CA 90039		3. <u>New</u> Registered Agent Signature.																																				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 15%;">Name</th> <th style="width: 20%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 5%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Casey Lynch</td> <td>3112 Los Feliz Blvd.</td> <td>Los Angeles</td> <td>CA</td> <td>USA</td> <td>90039</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Casey Lynch	3112 Los Feliz Blvd.	Los Angeles	CA	USA	90039	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: DELAWARE W 152258		6. Signature:  Name (type or print): Jennifer E. Jones			Date: 05/30/2018 Title: Authorized Person																																		
Issued 05/30/2018 by online 124611																																							

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM