

|  |               |  |      |  |                     |
|--|---------------|--|------|--|---------------------|
| No. <b>W 35857</b>   |               | <b>Due no later than Jan 31, 2016</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>  |      | MICHAEL LENZI<br>500 N STAR RD<br>STAR ID 83669    |                     |
|  |               | <b>1. Mailing Address: Correct in this box if needed.</b><br>ELKRIDGE PROPERTIES IDAHO, LLC<br>MICHAEL S. LENZI<br>PO BOX 298<br>STAR ID 83669 |      | 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  | MICHAEL LENZI | 500 N. STAR RD.  | STAR | ID   | 83669               |
| 5. Organized Under the Laws of:  |               | 6. Annual Report must be signed.*  |      |  |                     |
| <b>ID<br/>W 35857</b>  |               | Signature: Michael S Lenzi   |      | Date: 03/10/2017                                   |                     |
|  |               | Name (type or print): Michael S Lenzi  |      | Title: Manager                                     |                     |
| Processed 03/10/2017   |               | * Electronically provided signatures are accepted as original signatures.  |      |  |                     |