| No. <b>W 32955</b>   |                      | Due no later than Sep 30, 2014   |                                    | 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  NO FILING FEE IF RECEIVED BY DUE DATE |                      | Annual Report Form  1. Mailing Address: Correct in this box if needed.  PALMEADOW PROFESSIONAL SUITES LLC KATHY CLAIBORNE 9601 W STATE ST STE 203 BOISE ID 83714 |                                    | 9601 W ST<br>BOISE ID  | JEAN CARIAGA 9601 W STATE ST STE 203 BOISE ID 83714  3. New Registered Agent Signature:* |         |             |  |
| 4. Limited Liability Comp  | anies: Enter Nar     | nes and Addresses  | of at least one Member or Manager. |                        |  |         |             |  |
| Office Held  | Name                 |  | Street or PO Address               | City                   | State  | Country | Postal Code |  |
| MEMBER KEITH METZO   |                      | GER  | 9601 W. STATE STREET, # 112        | BOISE                  | ID   | USA     | 83714       |  |
| MEMBER JAMIN MART  |                      | IN   | 9601 W. STATE STREET, #110         | BOISE                  | ID   | USA     | 83714       |  |
| MEMBER BERT BRADL  |                      | .EY  | 9601 W. STATE STREET, #206         | BOISE                  | ID   | USA     | 83714       |  |
| MEMBER   | MBER GEORGIA MACKLEY |  | 9601 W. STATE STREET, #203         | BOISE                  | ID   | USA     | 83714       |  |
| 5. Organized Under the Laws of:  |                      | 6. Annual Report must be signed.*  |                                    |                        |  |         |             |  |
| ID<br>W 32955  |                      | Signature: Kathy Claiborne   |                                    | Date: 08/12/2014       |  |         |             |  |
|  |                      | Name (type or print): Kathy Claiborne  |                                    | Title: Project Manager |  |         |             |  |
| Processed 08/12/2014   |                      | * Electronically provided signatures are accepted as original signatures.  |                                    |                        |  |         |             |  |