

No. <b>W 80263</b>	Due no later than Dec 31, 2014 <b>Annual Report Form</b>	2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> BARBARA J DEERKOP 5656 HIGHWAY 95 POTLATCH ID 83855																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		1. <b>Mailing Address: Correct in this box if needed.</b> DEERKOP FAMILY LLC BARBARA DEERKOP 5656 HIGHWAY 95 POTLATCH ID 83855	3. <u>New</u> Registered Agent Signature.																																		
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																					
<table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Barbara Deerkop</td> <td>5656 Hwy 95</td> <td>Potlatch</td> <td></td> <td></td> <td>83855</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Biker Deal</td> <td>401 N 5th Street</td> <td>Farmington</td> <td>WA</td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Joe Deerkop</td> <td>1611 Ho River Rd</td> <td>Potlatch</td> <td>WA</td> <td></td> <td>99161</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"/>	Barbara Deerkop	5656 Hwy 95	Potlatch			83855	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Biker Deal	401 N 5th Street	Farmington	WA			Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Joe Deerkop	1611 Ho River Rd	Potlatch	WA		99161	Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO W 80263</b>	6. Signature: <u>Barbara Deerkop</u> Date: <u>31 Nov 2014</u> Name (type or print): _____ Title: _____																																				

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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**

**Block 3:** Only a new registered agent must sign in Block 3.

**Block 4:** Check either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company. **Note: DO NOT put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1.** If more space is needed please add an attachment