No. <b>W 56133</b>		Due no later than Nov 30, 2016 Annual Report Form  1. Mailing Address: Correct in this box if needed. HIGH COUNTRY SPRAYERS LLC KRIS K EDWARDS 1995 S. ELBA ALMO HWY ELBA ID 83342		2. Registered A	2. Registered Agent and Address (NO PO BOX)  MCCORD LARSEN 1805 JACKSON AVE BURLEY ID 83318  3. New Registered Agent Signature:*			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE				1805 JACKS				
				3. <u>New</u> Registe				
<ol><li>Limited Liability Comp</li></ol>	oanies: Enter Na	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
Manager Manager	MARCILE T KRIS K EDV		1995 S ELBA ALMO HWY 4695 W 8100 N	ELBA ELWOOD	ID UT		83342 84337	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 56133		Signature: Kris		Date: 11/16/2016				
		Name (type or		Title: Manager				
Processed 11/16/2016		* Electronically pr	ovided signatures are accepted as origina	l signatures.				