No. W 101136 Due no later than Mar 31, 2017 Annual Report Form SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Names and Addresses of Manager or Member Manager □ Member □ Manager □ Member □ Manager □ Member □ S. Organized Under the Laws of: IDAHO W 101136 Due no later than Mar 31, 2017 Annual Report Form 1. Annual Report Form Annual Report Form S. Mailing Address: Correct in this box if needed. RAFTER J GRAZING ASSOCIATION, LLC JAMES WELLS 790 E 3800 N BUHL ID 83316 3. New Registered Agent Signature. Street or PO Address City State Country Postal Code State Country Postal Code Black H 200) Burlaul, H U; Il'iam, LA 75781 The Received Member □ S. Organized Under the Laws of: IDAHO W 101136 Name (type or prist):			
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720-0080 NOFILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. Manager or Member Name Street or PO Address City State Country Postal Code Manager Member Member Member Member Member Member Member Manager Member Member Member Manager Member Member Manager Member Member Street or PO Address Member Member Member Member Member Member Member Member Manager Member Member Member 5. Organized Under the Laws of: 6. Signature: Manager Member M		Annual Report Form 1. Mailing Address: Correct in this box if needed. RAFTER J GRAZING ASSOCIATION, LLC JAMES WELLS 790 E 3800 N (NOT A P.O. BOX) JAMES WELLS 790 E 3800 N BUHL ID 83316	(NOT A P.O. BOX)
A. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. Manager or Member Name Street or PO Address City State Country Postal Code Manager Member Tankes Wolfs 1908 38an Bu W Ld The 8336 Manager Member Tankes Wolfs 1908 Bur Vally Rd W; Miam, Ch 15181 Manager Member Tankes Roll in Son 2432 E 2200 N To: Fails, Add 8380/ Manager Member Tankes Of: IDAHO W 101136 Mane (type of pright): Title: 10.401	SECRETARY OF STATE 450 N 4th STREET PO BOX 83720		790 E 3800 N
Manager or Member Name Street or PO Address City State Country Postal Code	RECEIVED BY DUE		3. <u>New</u> Registered Agent Signature.
IDAHO W 101136 Signature: Janus J. Judy Date: 3/17/17 Name (type of print): Title: Title:	Manager or Member Manager Member Manager Member Manager Member	Companies: Enter Names and Addresses of Manage Name Street or PO Address City James Wells 1968 380N Barry Jahr Brad ett 200) Burly Jahr Jahr Rolinson 2032 E 2200	ers OR Members. See Instructions. ty State Country Postal Code Bu W Ld TF 833/6 Ch 95981 N TwiFarb, dd 8330/
Issued 03/21/2017 by CLH /108727	IDAHO W 101136	Signature: Jame / Min Name (type of print):	3/27/17 Title:

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 <u>new</u> 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