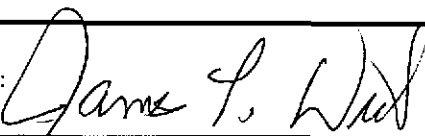
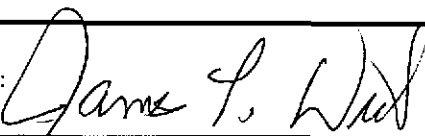
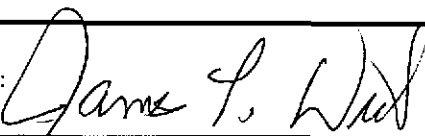


No. <b>W 101136</b>	<b>Due no later than Mar 31, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JAMES WELLS 790 E 3800 N BUHL ID 83316
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> RAFTER J GRAZING ASSOCIATION, LLC JAMES WELLS 790 E 3800 N BUHL ID 83316		3. <u>New</u> Registered Agent Signature.

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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>	James Wells	790 E 3800 N Buhl	Id	TF		83316
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	IRA Bradett	2001 Ben Valley Rd	William	CA		95989
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	SR Robinson	2432 E 2200N	Twin Falls	ID		83301
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 101136</b> </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:  </td> <td style="width: 40%;">           Date: <u>3/27/17</u> </td> </tr> <tr> <td>           Name (type or print): <u>James L. Wells</u> </td> <td>           Title: <u>OWNER/Manager</u> </td> </tr> </table>	Signature: 	Date: <u>3/27/17</u>	Name (type or print): <u>James L. Wells</u>	Title: <u>OWNER/Manager</u>
Signature: 	Date: <u>3/27/17</u>				
Name (type or print): <u>James L. Wells</u>	Title: <u>OWNER/Manager</u>				

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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