

No. W 19615	Due no later than Jun 30, 2012 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) EDITH M STANGER 115 N MORNINGSIDE DR IDAHO FALLS ID 83402
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. DOUBLE ARROW RANCH LIMITED LIABILITY COMPANY EDITH M STANGER 115 N MORNINGSIDE DR IDAHO FALLS ID 83402		3. New 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"/>	<i>Edith M. Stanger - 115 N Morningside Dr. Idaho Falls Idaho 83402</i> <i>Country: United States Bonneville County</i> <i>(Property is in Bingham County)</i>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 19615</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Signature: <u><i>Edith M. Stanger</i></u></td> <td style="width: 30%;">Date: <u><i>4/9/12</i></u></td> </tr> <tr> <td>Name (type or print): <u>EDITH M STANGER</u></td> <td>Title: <u><i>Mgr</i></u></td> </tr> </table>	Signature: <u><i>Edith M. Stanger</i></u>	Date: <u><i>4/9/12</i></u>	Name (type or print): <u>EDITH M STANGER</u>	Title: <u><i>Mgr</i></u>
Signature: <u><i>Edith M. Stanger</i></u>	Date: <u><i>4/9/12</i></u>				
Name (type or print): <u>EDITH M STANGER</u>	Title: <u><i>Mgr</i></u>				

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