No. <b>W 50523</b>		Due no later than May 31, 2017		2. Registered Agent and Address (NO PO BOX)				
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  POISON CREEK GRAZING ASSOCIATION, L.L.C.  TIM MACKENZIE  1349 SOUTHSIDE ROAD  HOMEDALE ID 83628		TIM MACKENZIE  1349 SOUTHSIDE ROAD  HOMEDALE ID 83628  3. New Registered Agent Signature:*				
								NO FILING FEE IF RECEIVED BY DUE DATE
4. Limited Liability Con	npanies: Enter Nai	mes and Addresses	s of at least one Member or Manag	er.				
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER TIM MACKEN		NZIE	PO BOX 443		HOMEDALE	ID		83628
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 50523		Signature: Tim Mackenzie			Date: 04/06/2017			
		Name (type or print): Tim Mackenzie			Title: Manager			
Processed 04/06/2017 * Electronically provided signatures are accepted as original signatures.								