

|                                                                                                                                                        |                |                                                                                                                                                       |          |                                                             |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------|---------|-------------|--|
| No. <b>W 73081</b>                                                                                                                                     |                | <b>Due no later than Apr 30, 2014</b>                                                                                                                 |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>          |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>DIXIE RIVER RANCH LLC<br>SHARLENE ADAMS<br>22750 DIXIE RIVER RD<br>CALDWELL ID 83607 |          | SHARLENE ADAMS<br>22750 DIXIE RIVER RD<br>CALDWELL ID 83607 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                       |          | 3. <u>New</u> Registered Agent Signature:*                  |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                |                                                                                                                                                       |          |                                                             |         |             |  |
| Office Held                                                                                                                                            | Name           | Street or PO Address                                                                                                                                  | City     | State                                                       | Country | Postal Code |  |
| MANAGER                                                                                                                                                | SHARLENE ADAMS | 22750 DIXIE RIVER RD                                                                                                                                  | CALDWELL | ID                                                          | USA     | 83607       |  |
| MEMBER                                                                                                                                                 | JEFF J ADAMS   | 22750 DIXIE RIVER RD                                                                                                                                  | CALDWELL | ID                                                          | USA     | 83607       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 73081</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Sharlene Adams<br>Name (type or print): Sharlene Adams                                                |          |                                                             |         |             |  |
|                                                                                                                                                        |                | Date: 02/20/2014<br>Title: Owner                                                                                                                      |          |                                                             |         |             |  |
| Processed 02/20/2014                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                             |          |                                                             |         |             |  |