

<b>No. W 39504</b>	<b>Due no later than May 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> GARY ANDERSON 1020 MCBRIDE RD POTLATCH ID 83855
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> GARY ANDERSON LLC GARY ANDERSON 1020 MCBRIDE RD POTLATCH ID 83855		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"/>	Gary Anderson	1020 McBride Rd	Potlatch	ID	USA	83855
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Salie Anderson	"	"	"	"	83855
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; font-weight: bold;">IDAHO W 39504</div>	6. Signature: <u>Salie Anderson</u> Name (type or print): _____	Date: <u>3-30-15</u> Title: _____
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Issued 03/25/2015 by DK1
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