

No. W 50523		Due no later than May 31, 2010 Annual Report Form		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. POISON CREEK GRAZING ASSOCIATION, L.L.C. TIM MACKENZIE PO BOX 443 HOMEDALE ID 83628		TIM MACKENZIE 1349 SOUTHSIDE ROAD HOMEDALE ID 83628	
				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	TIM MACKENZIE	PO BOX 443	HOMEDALE	ID	USA 83628
5. Organized Under the Laws of: ID W 50523		6. Annual Report must be signed.* Signature: Tim Mackenzie Name (type or print): Tim Mackenzie Date: 04/14/2010 Title: Manager			
Processed 04/14/2010		* Electronically provided signatures are accepted as original signatures.			