

|                                                                                                                                                        |                   |                                                                                                                                        |               |                                                           |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------|---------|-------------|--|
| No. <b>W 33642</b>                                                                                                                                     |                   | <b>Due no later than Oct 31, 2016</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>RANCH AT RIVERBEND, LLC (THE)<br>195 S BROADWAY<br>BLACKFOOT ID 83221 |               | QUINN STUFFLEBEAM<br>195 S BROADWAY<br>BLACKFOOT ID 83221 |         |             |  |
|                                                                                                                                                        |                   |                                                                                                                                        |               | 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                                                                                                                                                | ERIC STUFFLEBEAM  | 3709 N. MONARCH DR.                                                                                                                    | COEUR D'ALENE | ID                                                        | USA     | 83814       |  |
| MANAGER                                                                                                                                                | QUINN STUFFLEBEAM | 195 S. BROADWAY                                                                                                                        | BLACKFOOT     | ID                                                        | USA     | 83221       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 33642</b>                                                                                           |                   | 6. Annual Report must be signed.*<br>Signature: Quinn Stufflebeam<br>Name (type or print): Quinn Stufflebeam                           |               |                                                           |         |             |  |
|                                                                                                                                                        |                   | Date: 10/03/2016<br>Title: Manager                                                                                                     |               |                                                           |         |             |  |
| Processed 10/03/2016                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                              |               |                                                           |         |             |  |