

|                                                                                                                                                        |                |                                                                                                                                                                    |          |                                                               |         |                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------------|---------|------------------------|--|
| No. <b>W 184704</b>                                                                                                                                    |                | <b>Due no later than Jun 30, 2018</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>ROCKY MOUNTAIN RANCH CONSULTING, LLC<br>TAYLOR JOHNSON<br>2315 S GULL COVE PLACE<br>MERIDIAN ID 83642 |          | JOANNA JOHNSON<br>2315 S GULL COVE PLACE<br>MERIDIAN ID 83642 |         |                        |  |
|                                                                                                                                                        |                |                                                                                                                                                                    |          | 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            |  |
| MEMBER                                                                                                                                                 | TAYLOR JOHNSON | 2315 S GULL COVE PL                                                                                                                                                | MERIDIAN | ID                                                            | USA     | 83642                  |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                                  |          |                                                               |         |                        |  |
| <b>ID<br/>W 184704</b>                                                                                                                                 |                | Signature: Taylor Johnson                                                                                                                                          |          |                                                               |         | Date: 07/02/2018       |  |
|                                                                                                                                                        |                | Name (type or print): Taylor Johnson                                                                                                                               |          |                                                               |         | Title: Managing Member |  |
| Processed 07/02/2018                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                          |          |                                                               |         |                        |  |