No. W 137106		Due no later than Apr 30, 2016	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. OROFINO LOGGERXROSS LLC PO BOX 1983 OROFINO ID 83544	319 HOSPITA OROFINO II	JAMES ENGLE 319 HOSPITAL DR OROFINO ID 83544 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE		mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER LINDA ENGL		E 319 HOSPITAL DRIVE	OROFINO	ID	USA	83544	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: James Engle		Date: 06/07/2016			
W 137106		Name (type or print): James Engle		Title: President			
* Electronically provided signatures are accepted as original signatures.							