



Idaho Limited Liability Company Annual Report Form

File online at: sos.idaho.gov

Due no later than: 03/31/2019

Return completed form within 30 days

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83720

Phone: (208) 334-2300

Annual Report: No filing fee if received by the due date.

SOS Control Number: 312701

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 03/07/2011

Formation Locale: ID

Name and Mailing Address:

RAFTER J GRAZING ASSOCIATION, LLC

790 E 3800 N

BUHL, ID 83316

(1) Add or Change Mailing Address:

1054 East 3700N
Buhl, Idaho

Registered Agent (RA) and Registered Office (RO) Address:

JAMES WELLS

790 E 3800 N

BUHL, ID 83316

(2) Change RA and/or RO Address:

NA

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Jim Wells	1054 E 3700N	Buhl, ID
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	IR Robinson	2032 E 2200 N	Twingville, ID 83301
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	IRA Brackett	5331 Old Sullivan Ln	Homestead, ID 83628
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

James L. Wells

(6) Date:

5/20/19

(7) Type/Print Name:

James L. Wells

(8) Title:

OWNER

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

B0243-3648 05/23/2019 1:04 PM Received by ID Secretary of State Lawrence Denney