

|                                                                                                                                                        |                |                                                                                                                                                                                       |           |                                                         |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------|---------|-------------|--|
| No. <b>W 97282</b>                                                                                                                                     |                | <b>Due no later than Oct 31, 2015</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>RIDGELINE INVESTORS, LLC<br>GEOFF A RANERE<br>14573 W LEA AVE<br>POCATELLO ID 83202 |           | GEOFF A RANERE<br>14573 W LEA AVE<br>POCATELLO ID 83202 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                                                       |           | 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                                                                                                                                                | GEOFF A RANERE | 14573 W LEA AVE                                                                                                                                                                       | POCATELLO | ID                                                      | USA     | 83202       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 97282</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Geoff A. Ranere<br>Name (type or print): Geoff A. Ranere<br>Date: 09/05/2015<br>Title: Manager                                        |           |                                                         |         |             |  |
| Processed 09/05/2015                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                             |           |                                                         |         |             |  |