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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------|---------|------------------|--|
| No. <b>W 128903</b>                                                                                                                                    |                  | <b>Due no later than Sep 30, 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>RIVER ROAD LIVESTOCK, LLC<br>REECE HRIZUK<br>224 SW 3RD STREET<br>FRUITLAND ID 83619 |           | REECE HRIZUK<br>224 SW 3RD STREET<br>FRUITLAND ID 83619 |         |                  |  |
|                                                                                                                                                        |                  |                                                                                                                                                   |           | 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                                                                                                                                                 | CHARLES S BAINES | 2670 NW FOURTH AVENUE                                                                                                                             | FRUITLAND | ID                                                      | USA     | 83619            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                                 |           |                                                         |         |                  |  |
| <b>ID<br/>W 128903</b>                                                                                                                                 |                  | Signature: Charles S. Baines                                                                                                                      |           |                                                         |         | Date: 08/31/2016 |  |
|                                                                                                                                                        |                  | Name (type or print): Charles S. Baines                                                                                                           |           |                                                         |         | Title: Member    |  |
| Processed 08/31/2016                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                         |           |                                                         |         |                  |  |