No. W 44703			Due no later than Nov 30, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. YOUDE/THREE FORKS LLC ROBERT YOUDE PO BOX 1637 MCCALL ID 83638 2. Registered Agent ROBERT YOUDE 1210 SOUTH SAN MCCALL ID 836 MCCALL ID 836			2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		YOUDE/TH ROBERT PO BOX 1				SAMSON TI 83638	MSON TRAIL 538		
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		Names and Addr	resses of at least one Member or Manager.						
Office Held	Name	rames and radi	Street or PO Address		City	State	Country	Postal Code	
MANAGER	ROBERT	YOUDE	PO BOX 1637	ſ	MCCALL	ID		83638	
5. Organized Under the Laws of: ID W 44703		Signature	6. Annual Report must be signed.* Signature: Robert Youde Name (type or print): Robert Youde			Date: 11/11/2016 Title: Mng Member			
Processed 11/11/2016 * Electronically provided signatures are accepted as original signatures.									