

|  |                |   |          |   |         |             |  |
|--|----------------|---|----------|---|---------|-------------|--|
| No. <b>W 73081</b>   |                | <b>Due no later than Apr 30, 2012</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><br>DIXIE RIVER RANCH LLC<br>SHARLENE ADAMS<br>22750 DIXIE RIVER RD<br>CALDWELL ID 83607 |          | SHARLENE ADAMS<br>22750 DIXIE RIVER RD<br>CALDWELL ID 83607 |         |             |  |
|  |                |   |          | 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  | SHARLENE ADAMS | 22750 DIXIE RIVER RD  | CALDWELL | ID  | USA     | 83607       |  |
| MANAGER  | JEFF J ADAMS   | 22750 DIXIE RIVER RD  | CALDWELL | ID  | USA     | 83607       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 73081</b>   |                | 6. Annual Report must be signed.*<br>Signature: Sharlene Adams<br>Name (type or print): Sharlene Adams  |          |   |         |             |  |
|  |                | Date: 02/13/2012<br>Title: Manager  |          |   |         |             |  |
| Processed 02/13/2012   |                | * Electronically provided signatures are accepted as original signatures.   |          |   |         |             |  |