

No. W 51991		Due no later than Jun 30, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		JARED SIMPSON 4885 E HWY 36 MALAD ID 83252			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		PEOA RIVER VALLEY RANCH, LLC JARED S SIMPSON 4885 E HWY 36 MALAD ID 83252					
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	JARED SIMPSON	4885 E HWY 36	MALAD	ID	USA	83252	
MANAGER	TINA M. SIMPSON	4885 E HWY 36	MALAD	ID	USA	83252	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
UT W 51991		Signature: Jared Simpson			Date: 06/20/2018		
		Name (type or print): Jared Simpson			Title: Manager		
Processed 06/20/2018		* Electronically provided signatures are accepted as original signatures.					