

No. <b>W 64306</b>		<b>Due no later than Jul 31, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		MICHAEL G MCBRIDE 675 RIVERVIEW DR. TWIN FALLS ID 83303	
		<b>1. Mailing Address: Correct in this box if needed.</b> YAKIMA, L.L.C. MICHAEL G MCBRIDE PO BOX 5096 TWIN FALLS ID 83303-5096 USA		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	JTM LP	PO BOX 5096	TWIN FALLS	ID	83303-5096
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
<b>ID W 64306</b>		Signature: MICHAEL		Date: 05/18/2015	
		Name (type or print): MICHAEL		Title: MICHAEL	
Processed 05/18/2015		* Electronically provided signatures are accepted as original signatures.			