

|                                                                                                                                                        |               |                                                                                                                                                                        |             |                                                                     |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------|---------|-------------|--|
| No. <b>W 173752</b>                                                                                                                                    |               | <b>Due no later than Oct 31, 2017</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>MISTY MEADOWS FOREST PRODUCTS, LLC<br>COY G JEMMETT<br>85 GRANGEVILLE SALMON ROAD<br>GRANGEVILLE ID 83530 |             | COY G JEMMETT<br>85 GRANGEVILLE SALMON ROAD<br>GRANGEVILLE ID 83530 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                                        |             | 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                                                                                                                                                | COY G JEMMETT | 85 GRANGEVILLE SALMON ROAD                                                                                                                                             | GRANGEVILLE | ID                                                                  | USA     | 83530       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 173752</b>                                                                                          |               | 6. Annual Report must be signed.*<br>Signature: Coy G. Jemmett<br>Name (type or print): Coy G. Jemmett                                                                 |             |                                                                     |         |             |  |
| Date: 10/30/2017<br>Title: owner/manager                                                                                                               |               |                                                                                                                                                                        |             |                                                                     |         |             |  |
| Processed 10/30/2017                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                              |             |                                                                     |         |             |  |