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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------|---------------------|
| No. <b>W 36203</b>                                                                                                                                     |                | <b>Due no later than Jan 31, 2018</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>MAIN CANYON STOCKMEN'S ASSOCIATION LLC<br>CARL B WHEELER<br>14712 N HWY 34<br>THATCHER ID 83283-5822 |          | CARL B WHEELER<br>14712 N HWY 34<br>THATCHER ID 83283 |                     |
|                                                                                                                                                        |                |                                                                                                                                                                                                        |          | 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                                                                                                                                                 | CARL B WHEELER | 14712 N HWY 34                                                                                                                                                                                         | THATCHER | ID                                                    | 83283-5822          |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 36203</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Carl b wheeler<br>Name (type or print): Carl b wheeler<br>Date: 11/27/2017<br>Title: Member                                                            |          |                                                       |                     |
| Processed 11/27/2017                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                                              |          |                                                       |                     |