Due no later than January 31, 2009 2. Registered Agent and Office NO PO BOX C 85650 No. **Annual Report Form** MITCHELL JACOBS Return to: 1. Mailing Address - Correct in this box, if applicable 2496 NORTH 2375 EAST SECRETARY OF STATE HAMER, ID 83425 TRIPPLE CREEK RANCHES, INC. **450 NORTH FOURTH STREET** MITCHELL JACOBS PO BOX 83720 2496 NORTH 2375 EAST BOISE, ID 83720-0080 HAMER, ID 83425 3. New Registered Agent Signature NO FILING FEE IF RECEIVED BY DUE DATE Corporations: Enter Names and Business Addresses of President, Secretary and Directors. Pres F. M. tchell Jacobs 2496N2320E Hamer Id. 85425
See Valynn Jacobs 2496N2320E Hamer Id. 85425
Director Candon Shype " Street or P.O. Address City State Office held Name 5. Organized Under the Laws of: Jan Date // 17,08 IDAHO Signature ____ Jook Title Pres C 85650 Name (Typed or Printed) 200901000968 Issued 11/05/2008 Do Not Tape or Staple