No. **W 50868**	**Due no later than May 31, 2009** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** SIMPSON'S S BAR S RANCH, LLC TINA M SIMPSON 3970 E HWY 36 MALAD ID 83252	TINA M SIMPSON 3970 E HWY 36 MALAD ID 83252 3. New 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	TINA M SIMPSON	3970 E HWY 36	MALAD	ID	USA	83252
MEMBER	JARED S SIMPSON	3970 E HWY 36	MALAD	ID	USA	83252
MEMBER	CHRISTINA S SIMPSON	4010 E HWY 36	MALAD	ID	USA	83252

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 50868**	Signature: Tina M. Simpson	Date: 04/15/2009
	Name (type or print): Tina M. Simpson	Title: Member

Processed 04/15/2009

* Electronically provided signatures are accepted as original signatures.