

|                                                                                                                                                        |                           |                                                                               |        |                                                            |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------|--------|------------------------------------------------------------|---------|------------------|--|
| No. <b>W 68868</b>                                                                                                                                     |                           | <b>Due no later than Nov 30, 2015</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>                                                     |        | BRUCE L THOMAS<br>599 W BANNOCK ST STE B<br>BOISE ID 83702 |         |                  |  |
|                                                                                                                                                        |                           | <b>1. Mailing Address: Correct in this box if needed.</b>                     |        | 3. <u>New</u> Registered Agent Signature:*                 |         |                  |  |
|                                                                                                                                                        |                           | ROOT RANCH HOLDING LLC<br>TAMMY A OVERACKER<br>9 HAMNER DR<br>SALMON ID 83647 |        |                                                            |         |                  |  |
| 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                                                                                                                                                 | FLYING RESORT RANCHES INC | 9 HAMNER DR                                                                   | SALMON | ID                                                         |         | 83647            |  |
| MANAGER                                                                                                                                                | TAMMY A OVERACKER         | 9 HAMNER DR                                                                   | SALMON | ID                                                         | USA     | 83467            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                           | 6. Annual Report must be signed.*                                             |        |                                                            |         |                  |  |
| <b>ID<br/>W 68868</b>                                                                                                                                  |                           | Signature: Tammy Overacker                                                    |        |                                                            |         | Date: 09/18/2015 |  |
|                                                                                                                                                        |                           | Name (type or print): Tammy Overacker                                         |        |                                                            |         | Title: Mgr       |  |
| Processed 09/18/2015                                                                                                                                   |                           | * Electronically provided signatures are accepted as original signatures.     |        |                                                            |         |                  |  |