

|                                                                                                                                                        |                     |                                                                                                                                                     |       |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 96653</b>                                                                                                                                     |                     | <b>Due no later than Sep 30, 2016</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><br>BROKEN ARROW CATTLE, LLC<br>ELOY MENDOZA<br>293 N 3855 E<br>RIGBY ID 83442         |       | CASIMIRO MENDOZA<br>293 N 3855 E<br>RIGBY ID 83442 |         |             |  |
|                                                                                                                                                        |                     |                                                                                                                                                     |       | 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                                                                                                                                                 | ELOY ALVINO MENDOZA | 3730 E 343 N                                                                                                                                        | RIGBY | ID                                                 | USA     | 83442       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 96653</b>                                                                                           |                     | 6. Annual Report must be signed.*<br>Signature: Minnie Whetten<br>Name (type or print): Minnie Whetten<br>Date: 08/25/2016<br>Title: Office manager |       |                                                    |         |             |  |
| Processed 08/25/2016                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                           |       |                                                    |         |             |  |