No. **W 73081**	**Due no later than Apr 30, 2015** **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.** DIXIE RIVER RANCH LLC SHARLENE ADAMS 9155 S. PERFECT LN KUNA ID 83634	SHARLENE ADAMS 9155 S. PERFECT LN KUNA 83634 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
MANAGER	SHARLENE ADAMS	9155 S. PERFECT LN	KUNA	ID		83634
MANAGER	JEFF J ADAMS	9155 S. PERFECT LN	KUNA	ID		83634

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 73081**	Signature: Sharlene Adams	Date: 03/24/2015
	Name (type or print): Sharlene Adams	Title: Manager

Processed 03/24/2015

* Electronically provided signatures are accepted as original signatures.