

No. W 17090 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Nov 30, 2011 Annual Report Form 1. Mailing Address: Correct in this box if needed. B A C K - 40 LLC 1387 DEEP CREEK RD POTLATCH ID 83855	2. Registered Agent and Office (NOT A P.O. BOX) CAROL THOMPSON 1387 DEEP CREEK RD POTLATCH ID 83855 3. <u>New</u> Registered Agent Signature.																					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																							
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%; text-align: left;">Manager or Member</th> <th style="width: 30%; text-align: left;">Name</th> <th style="width: 30%; text-align: left;">Street or PO Address</th> <th style="width: 10%; text-align: left;">City</th> <th style="width: 10%; text-align: left;">State</th> <th style="width: 10%; text-align: left;">Country</th> <th style="width: 10%; text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td colspan="7"> Manager Member (circle one) </td> </tr> <tr> <td></td> <td>Carol Thompson</td> <td>1387 Deep Creek RD</td> <td>Potlatch ID</td> <td>USA</td> <td></td> <td>83855</td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager Member (circle one)								Carol Thompson	1387 Deep Creek RD	Potlatch ID	USA		83855
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 17090 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Signature: <u>Carol Thompson</u></td> <td style="width: 30%;">Date: <u>9/15/11</u></td> </tr> <tr> <td>Name (type or print): <u>Carol Thompson</u></td> <td>Title: <u>owner</u></td> </tr> </table>		Signature: <u>Carol Thompson</u>	Date: <u>9/15/11</u>	Name (type or print): <u>Carol Thompson</u>	Title: <u>owner</u>																	
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Issued 09/12/2011 by DK1		118820																					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.