

No. W 35661	Due no later than Jan 31, 2015 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) DON A CARR 143 RANTA RD KOOSKIA ID 83539
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. CARR RANCH, LLC DON A CARR 143 RANTA RD KOOSKIA ID 83539	3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	DON A CARR	143 RANTA RD	KOOSKIA ID	IDAHO		83539
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	LINDA H. CARR	143 RANTA RD	KOOSKIA ID	IDAHO		83539
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 35661</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Don A. Carr</u> </td> <td style="width: 40%;"> Date: <u>1/19/15</u> </td> </tr> <tr> <td> Name (type or print): <u>DON A. CARR</u> </td> <td> Title: <u>MANAGER</u> </td> </tr> </table>	Signature: <u>Don A. Carr</u>	Date: <u>1/19/15</u>	Name (type or print): <u>DON A. CARR</u>	Title: <u>MANAGER</u>
Signature: <u>Don A. Carr</u>	Date: <u>1/19/15</u>				
Name (type or print): <u>DON A. CARR</u>	Title: <u>MANAGER</u>				

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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.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Check either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company. **Note: DO NOT** put "same as last year" or "same as above". **These will not be accepted. Changes here will not affect the address in Block 1.** If more space is needed please add an attachment.