No. <b>W 79782</b>		Due no later than Dec 31, 2013		2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form		#20000 DV 100000 DV 100000	DAVID M CHRISTENSEN				
SECRETARY OF STATE	1. Mailing Add	1. Mailing Address: Correct in this box if needed.			401 GOODING ST NO STE 201 TWIN FALLS ID 83301			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		BAR DOUBLE DOT LAND & LIVESTOCK, LLC JOHN COLEMAN PO BOX 1293		TWIN FALLS ID 65301				
	TWIN FALLS ID	TWIN FALLS ID 83303-1293		3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
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 DAVID M CHRISTENSEN PO BOX		PO BOX 1293	TWIN FALLS	ID	USA	83303-1293		
5. Organized Under the Laws of:  6. Annual Report must be signed.*								
ID	Signature: John	Signature: John Coleman		Date: 10/23/2013				
W 79782	Name (type or p	Name (type or print): John Coleman		Title: Agent				
Processed 10/23/2013	* Electronically prov	* Electronically provided signatures are accepted as original signatures.						