

|  |              |   |          |  |                     |
|--|--------------|---|----------|--|---------------------|
| No. <b>W 67709</b>   |              | <b>Due no later than Oct 31, 2017</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>DILLON COW HORSES AND REPRODUCTION CENTER, LLC<br>FRANK DILLON<br>2174 TAMMANY CREEK RD<br>LEWISTON ID 83501<br>USA |          | FRANK DILLON<br>2174 TAMMANY CREEK RD<br>LEWISTON ID 83501 |                     |
|  |              |   |          | 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 |
| MANAGER  | FRANK DILLON | 2174 TAMMANY CREEK RD   | LEWISTON | ID   | 83501               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 67709</b>   |              | 6. Annual Report must be signed.*<br>Signature: Frank Dillon<br>Name (type or print): Frank Dillon<br>Date: 09/04/2017<br>Title: Manager  |          |  |                     |
| Processed 09/04/2017   |              | * Electronically provided signatures are accepted as original signatures.   |          |  |                     |