No. W 1609		Due no later than Oct 31, 2014		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. MCBRIDE RANCHES, LLC REED W MCBRIDE 2511 S OLD HWY 191 MALAD ID 83252		2511 S OLD MALAD 8	SHIRLEY MCBRIDE 2511 S OLD HWY 191 MALAD 83252 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresse	s of at least one Member or Manager					
Office Held	Name	ines and Addresse.	Street or PO Address	City	State	Country	Postal Code	
MEMBER	SHIRLEY MO	CBRIDE	2511 S OLD HWY 191	MALAD	ID		83252	
5. Organized Under the Laws of: ID W 1609		6. Annual Report must be signed.* Signature: Shirley McBride Name (type or print): Shirley McBride			Date: 12/10/2014 Title: President			
Processed 12/10/2014 * Electronically provided signatures are accepted as original signatures.								