

|                                                                                                                                                        |                  |                                                                                                                                          |       |                                                      |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------|---------|-------------|--|
| No. <b>W 123246</b>                                                                                                                                    |                  | <b>Due no later than Mar 31, 2018</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>1. Mailing Address: Correct in this box if needed.</b><br><br>LAZY A'S RANCH LLC<br>1655 1ST ST<br>IDAHO FALLS ID 83401               |       | SHAWN R ANDERSON<br>36950 N 3650 W<br>MOORE ID 83255 |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                          |       | 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                                                                                                                                                | SHAWN R ANDERSON | 36950 NORTH 3650 WEST                                                                                                                    | MOORE | ID                                                   | USA     | 83255       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 123246</b>                                                                                          |                  | 6. Annual Report must be signed.*<br>Signature: Robert D Renna<br>Name (type or print): Robert D Renna<br>Date: 02/03/2018<br>Title: CPA |       |                                                      |         |             |  |
| Processed 02/03/2018                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                |       |                                                      |         |             |  |