

No. W 64719		Due no later than Jul 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		JOHN KNIPE 860 BEACON BOISE ID 83706			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		KNIPE LAND NORTH LLC JOHN KNIPE PO BOX 1031 BOISE ID 83701					
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	JOHN KNIPE	PO BOX 1031	BOISE	ID	USA	83701	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 64719		Signature: John Knipe			Date: 06/25/2014		
		Name (type or print): John Knipe			Title: Manager		
Processed 06/25/2014		* Electronically provided signatures are accepted as original signatures.					