

No. W 34151	Due no later than Oct 31, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) JOHN D HOFF 990 JENKINS CREEK RD WEISER ID 83672 <i>Christy D. Hoff</i>																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. LAZY J-C-R RANCH L.L.C. JOHN D HOFF 990 JENKINS CREEK RD WEISER ID 83672		3. <u>New</u> Registered Agent Signature. <i>Christy D Hoff</i>																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Manager or Member</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 30%;">Street or PO Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Country</th> <th style="text-align: left; width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Christy D Hoff</td> <td>990 Jenkins Cr. Rd.</td> <td>Weiser ID.</td> <td>USA</td> <td></td> <td>83672</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>John D. Hoff</td> <td>990 Jenkins Cr. Rd.</td> <td>Weiser ID.</td> <td>USA</td> <td></td> <td>83672</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Christy D Hoff	990 Jenkins Cr. Rd.	Weiser ID.	USA		83672	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	John D. Hoff	990 Jenkins Cr. Rd.	Weiser ID.	USA		83672	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;"> IDAHO W 34151 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <i>Christy D Hoff</i> </td> <td style="width: 40%;"> Date: <i>10/12/16</i> </td> </tr> <tr> <td> Name (type or print): <i>Christy D. Hoff</i> </td> <td> Title: <i>Sec/Treas.</i> </td> </tr> </table>			Signature: <i>Christy D Hoff</i>	Date: <i>10/12/16</i>	Name (type or print): <i>Christy D. Hoff</i>	Title: <i>Sec/Treas.</i>																															
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Issued 09/28/2016 by KAH																																						

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