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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------|---------|------------------|--|
| No. <b>W 13196</b>                                                                                                                                     |                  | <b>Due no later than Oct 31, 2015</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>ROCKY MOUNTAIN RANGE RIDERS, LLC<br>C/O ROBERT HARDY, CPA, PC<br>1655 1ST STREET<br>IDAHO FALLS ID 83401-4305<br>USA |             | JOSEPHINE FIFE<br>1215 S 4500 E<br>IDAHO FALLS ID 83406 |         |                  |  |
|                                                                                                                                                        |                  |                                                                                                                                                                                   |             | 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      |  |
| MEMBER                                                                                                                                                 | COLBY SCOTT FIFE | 7132 HWY. 26                                                                                                                                                                      | IDAHO FALLS | ID                                                      | USA     | 83401            |  |
| MANAGER                                                                                                                                                | JOSEPHINE FIFE   | 1215 SOUTH 4500 EAST                                                                                                                                                              | IDAHO FALLS | ID                                                      | USA     | 83406            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                                                                 |             |                                                         |         |                  |  |
| <b>ID<br/>W 13196</b>                                                                                                                                  |                  | Signature: Robert D. Renna                                                                                                                                                        |             |                                                         |         | Date: 09/16/2015 |  |
|                                                                                                                                                        |                  | Name (type or print): Robert D. Renna                                                                                                                                             |             |                                                         |         | Title: Staff CPA |  |
| Processed 09/16/2015                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                         |             |                                                         |         |                  |  |