Annual Report Form

Due No Later Than November 30,

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

★ FIRST NOTICE ★

1. Mailing Address - Please Correct, If Not Correct

MCBRIDE RANCHES, LLC
REED W MCBRIDE
86 E 155 S

MALAD ID 83252

2. Registered Agent and Office NOT A P.O. BOX

REED W MCBRIDE
86 E 155 S

MALAD ID 83252

3. Organized Under the Laws of:

ID W 1609

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ☒ **Managers** or ☐ **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
Manager	Reed W McBride	86 E 155 So	Malad	Id	83252
Manager	Shirley A. McBride	86 E 155 So	Malad	Id	83252

5. Signature of New Registered Agent

6.

Signature Reed W McBride Date 7-24-98

Name (Typed or Printed) Reed W McBride Title Manager

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ISSUED: 07-03-1998

DO NOT TAPE OR STAPLE