




No. W 66896	Due no later than Sep 30, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) JOHN K ALLEN 4245 S FALCONREST WAY BOISE ID 83716
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. THUNDER CITY RANCH, LLC 4245 S FALCONREST WAY BOISE ID 83716		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input type="checkbox"/>	Pres JOHN K ALLEN	4245 S. Falconrest Way	Boise	ID		83716
Manager <input type="checkbox"/> Member <input type="checkbox"/>	AJR ALLEN	2624 S. Englewood Pl.	Meridian	ID		83642
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 66896 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  _____ Name (type or print): JOHN K. ALLEN </td> <td style="width: 40%;"> Date: 8-17-16 _____ Title: PRESIDENT </td> </tr> </table>	Signature:  _____ Name (type or print): JOHN K. ALLEN	Date: 8-17-16 _____ Title: PRESIDENT
Signature:  _____ Name (type or print): JOHN K. ALLEN	Date: 8-17-16 _____ Title: PRESIDENT		