

No. W 155425	Due no later than Aug 31, 2016 Annual Report Form		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	1. Mailing Address: Correct in this box if needed.		SUSAN CHIPPS 2646 LAKEVIEW RD AMERICAN FALLS ID 83211			
	TERRACHECK, LLC SUSAN CHIPPS PO BOX 64 AMERICAN FALLS ID 83211		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	SUSAN C CHIPPS	PO BOX 64	AMERICAN FALLS	ID	USA	83211
5. Organized Under the Laws of: ID W 155425		6. Annual Report must be signed.* Signature: Susan Chipps Name (type or print): Susan Chipps Date: 09/01/2016 Title: Owner				
Processed 09/01/2016		* Electronically provided signatures are accepted as original signatures.				