

|                                                                                                                                                        |              |                                                                                                                                                       |            |                                                          |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------|---------|-------------|--|
| No. <b>W 76618</b>                                                                                                                                     |              | <b>Due no later than Aug 31, 2017</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><br>DOUBLE S CATTLE CO., LLC<br>GARY STORRER<br>1042 WILDWOOD WAY<br>TWIN FALLS ID 83301 |            | GARY STORRER<br>1042 WILDWOOD WAY<br>TWIN FALLS ID 83301 |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                                       |            | 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 |  |
| MANAGER                                                                                                                                                | DAVID WALKER | 1031 HANKINS RD N                                                                                                                                     | TWIN FALLS | ID                                                       | USA     | 83301       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 76618</b>                                                                                           |              | 6. Annual Report must be signed.*<br>Signature: gary storrer<br>Name (type or print): gary storrer<br>Date: 08/14/2017<br>Title: member               |            |                                                          |         |             |  |
| Processed 08/14/2017                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                             |            |                                                          |         |             |  |