

No. W 73081	Due no later than Apr 30, 2017 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.		SHARLENE ADAMS 9155 S. PERFECT LN KUNA ID 83634			
	DIXIE RIVER RANCH LLC SHARLENE ADAMS 9155 S. PERFECT LN KUNA ID 83634		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	SHARLENE ADAMS	9155 S. PERFECT LN	KUNA	ID		83634
MANAGER	JEFF J ADAMS	9155 S. PERFECT LN	KUNA	ID		83634
5. Organized Under the Laws of: ID W 73081	6. Annual Report must be signed.* Signature: Sharlene Adams Name (type or print): Sharlene Adams		Date: 03/02/2017 Title: Manager			
Processed 03/02/2017		* Electronically provided signatures are accepted as original signatures.				