

No. W 30140	Due no later than Apr 30, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) LEOLA A DUKE 2631 NORTH 3300 WEST ARCO ID 83213-8751
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. DRY GULCH RANCH, LLC LEOLA A DUKE 2631 NORTH 3300 WEST ARCO ID 83213-8751		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 checked="" type="checkbox"/>	Leola A. Duke	2631 N 3300 W	Arco, ID	US		83213
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	William L. Duke	2631 N 3300 W	Arco, ID	US		83213
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; font-weight: bold;">IDAHO W 30140</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> Signature: <u>Leola A. Duke</u> </td> <td style="width: 40%; padding: 5px;"> Date: <u>3-6-17</u> </td> </tr> <tr> <td style="padding: 5px;"> Name (type or print): <u>Leola A. Duke</u> </td> <td style="padding: 5px;"> Title: <u>Member</u> </td> </tr> </table>	Signature: <u>Leola A. Duke</u>	Date: <u>3-6-17</u>	Name (type or print): <u>Leola A. Duke</u>	Title: <u>Member</u>
Signature: <u>Leola A. Duke</u>	Date: <u>3-6-17</u>				
Name (type or print): <u>Leola A. Duke</u>	Title: <u>Member</u>				

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