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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 80162</b>                                                                                                                                     |                | <b>Due no later than Dec 31, 2015</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>BAR DP RANCH LLC<br>DAVID M. PARKE<br>100 CATTLE DR<br>CAREY ID 83320 |       | DAVID M PARKE<br>100 CATTLE DR<br>CAREY ID 83320   |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                                         |       | 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                                                                                                                                                 | DAVID M. PARKE | 100 CATTLE DR                                                                                                                                                           | CAREY | ID                                                 | USA     | 83320       |  |
| MEMBER                                                                                                                                                 | TASHA C. PARKE | 100 CATTLE DR                                                                                                                                                           | CAREY | ID                                                 | USA     | 83320       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 80162</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Tasha C. Parke<br>Name (type or print): Tasha C. Parke<br>Date: 10/20/2015<br>Title: member                             |       |                                                    |         |             |  |
| Processed 10/20/2015                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                               |       |                                                    |         |             |  |