

No. W 157298	Due no later than Oct 31, 2016 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) EDITH M STANGER 115 N MORNINGSID DR IDAHO FALLS ID 83402
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. DOUBLE ARROW RANCH - UNIT 2 - LLC EDITH M STANGER 115 N MORNINGSID DR IDAHO FALLS ID 83402	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 checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Edith M. Stanger	115 N. Morningside Dr	Idaho Falls,			83402
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 157298</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Edith M Stanger</u> Name (type or print): EDITH M. STANGER </td> <td style="width: 40%;"> Date: <u>8/22/2016</u> Title: <u>Manager</u> <u>Member</u> </td> </tr> </table>	Signature: <u>Edith M Stanger</u> Name (type or print): EDITH M. STANGER	Date: <u>8/22/2016</u> Title: <u>Manager</u> <u>Member</u>
Signature: <u>Edith M Stanger</u> Name (type or print): EDITH M. STANGER	Date: <u>8/22/2016</u> Title: <u>Manager</u> <u>Member</u>		