No. W 49210		Annual Report Form 1. Mailing Address: Correct in this box if needed. ROCKROSE IRRIGATION, LLC KYLE J BRANSCOMBE 5997 S ROCKROSE PL		2. Registered	2. Registered Agent and Address (NO PO BOX) KYLE J BRANSCOMBE 5997 S ROCKROSE PL BOISE ID 83716 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				5997 S ROO BOISE ID				
NO FILING RECEIVED BY 4. Limited Liability Co.	DUE DATE	mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	KYLE J BRA	NSCOMBE	5997 S ROCKROSE PL	BOISE	ID	USA	83716	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 49210		Signature: Kyle Branscombe			Date: 04/04/2016			
		Name (type o		Title: member				
Processed 04/04/201	6	* Electronically p	rovided signatures are accepted as origin	nal signatures.				