| No. W 152318 | | Due no later than Jun 30, 2016 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--|---|-------------------------|---|---------|-------------|--|
| Return to: | | nual Report Form | | TIMOTHY J STOVER | | | |
| SECRETARY OF STATE | 1. Mailing Address: Correct in this box if needed. HIGH PLAINS LAND AND LIVESTOCK, LLC TIMOTHY J. STOVER PO BOX 1428 TWIN FALLS ID 83303 | | | 905 SHOSHONE ST N TWIN FALLS ID 83301 | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | TWIN FALLS | | | | |
| | | | 3. <u>New</u> Registere | 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Limited Liability Companies: Enter I | lames and Addresses of | f at least one Member or Manager. | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| | FAMILY TURST | 1268 HIGHLAND RD | SANTA INEZ | CA | USA | 93460 | |
| 1EMBER DAVID CHARLES GANDOLFO | | P.O. BOX 780 | CASTLEFORD | ID | USA | 83321 | |
| 5. Organized Under the Laws of: 6. Annual Report n | | ust be signed.* | | | | | |
| ID Signature: | | : Timothy J. Stover Date: 05/20/2016 | | | | | |
| W 152318 | Name (type or print): Timothy J. Stover | | Title | Title: Registered Agent | | | |
| Processed 05/20/2016 | * Electronically provi | * Electronically provided signatures are accepted as original signatures. | | | | | |