

|                                                                                                                                                        |             |                                                                                                                                             |           |                                                    |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------|---------------------|
| No. <b>W 7955</b>                                                                                                                                      |             | <b>Due no later than Feb 28, 2018</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>                                                                                                                   |           | KIM WOLFLEY<br>1395 NW MAIN<br>BLACKFOOT ID 83221  |                     |
|                                                                                                                                                        |             | <b>1. Mailing Address: Correct in this box if needed.</b><br>IDAHO WESTERN REALTY, LLC<br>KIM WOLFLEY<br>1395 NW MAIN<br>BLACKFOOT ID 83221 |           | 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 |
| MANAGER                                                                                                                                                | KIM WOLFLEY | 1395 NW MAIN                                                                                                                                | BLACKFOOT | ID                                                 | 83221               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 7955</b>                                                                                            |             | 6. Annual Report must be signed.*<br>Signature: Kim Wolfley<br>Name (type or print): Kim Wolfley<br>Date: 01/02/2018<br>Title: Manager      |           |                                                    |                     |
| Processed 01/02/2018                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                   |           |                                                    |                     |