| No. W 175760 | | Due no later than Dec 31, 2017 2. Registered Agent and Address (NO PO BOX) | | | | | PO BOX) | |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------|---------|-------------|--|
| Return to: | | Annual Report Form | | PATRICIA | PATRICIA GAY WILSON 24447 S WHALEN RD ST MARIES ID 83861 1001 | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. | | | | | | |
| | | WHALEN FAMILY RCH, LLC. PATRICIA GAY WILSON 24447 S WHALEN RD ST MARIES ID 83861-1001 | | ST MARIES ID 83861-1001 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Companies | s: Enter Nar | nes and Addresses | of at least one Member or Manager. | | | | | |
| Office Held Na | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER PATRICIA GA | | | 24447 S WHALEN RD | ST MARIES | S ID | USA | 83861-1001 | |
| MEMBER RANDY LYNN | | | 24447 S WHALEN RD | ST MARIES | | USA | 83861-1001 | |
| MEMBER SI | HERRY LYN | N DOMINICK | 24447 S WHALEN RD | ST MARIES | 5 ID | USA | 83861-1001 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 175760 | | Signature: PATRICIA GAY WILSON | | | Date: 10/31/2017 | | | |
| | | Name (type or p | | Title: GENERAL MANAGER | | | | |
| Processed 10/31/2017 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |