

No. W 74293		Due no later than May 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SCAFE'S FALL RIVER RANCH, LLC NATHAN SCAFE 1012 GRAINVILLE RD ASHTON ID 83420		NATHAN SCAFE 1012 GRAINVILLE RD ASHTON ID 83420			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
MEMBER	NATHAN SCAFE	1012 GRAINVILLE RD	ASHTON	ID	83420		
MEMBER	KRISTEN SCAFE	1012 GRAINVILLE RD	ASHTON	ID	83420		
5. Organized Under the Laws of: ID W 74293		6. Annual Report must be signed.* Signature: Nathan Scafe Name (type or print): Nathan Scafe					
		Date: 05/16/2015 Title: member					
Processed 05/16/2015		* Electronically provided signatures are accepted as original signatures.					