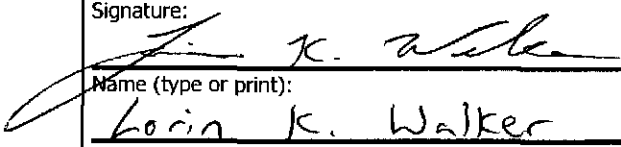


No. W 160596	Due no later than Jan 31, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) LORIN WALKER 1721 COVE RD WEISER ID 83672																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. WALKER LAND, LLC 1721 COVE RD WEISER ID 83672		3. <u>New</u> Registered Agent Signature.																																				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 15%;">Name</th> <th style="width: 20%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 5%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Darin walker</td> <td>1721 Cove Rd.</td> <td>Weiser Id.</td> <td>USA</td> <td></td> <td>83672</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Lorin walker</td> <td>1721 Cove Rd.</td> <td>Weiser Id.</td> <td>USA</td> <td></td> <td>83672</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Darin walker	1721 Cove Rd.	Weiser Id.	USA		83672	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Lorin walker	1721 Cove Rd.	Weiser Id.	USA		83672	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 160596 </div>	6. Signature:  <hr/> Name (type or print): Lorin K. Walker		Date: <u>1-3-17</u> <hr/> Title: <u>Member</u>																																				
Issued 12/14/2016 by KAH			125090																																				