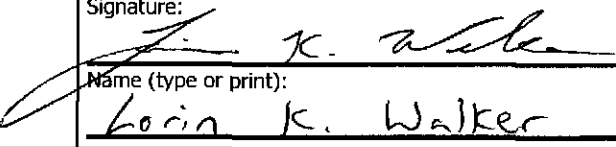


No. <b>W 160596</b>	<b>Due no later than Jan 31, 2017 Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> LORIN WALKER 1721 COVE RD WEISER ID 83672																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> 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: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">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>Lorin 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.	Lorin Id.	USA		83672	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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.	Lorin Id.	USA		83672																																	
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																							
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																							
5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 160596</b> </div>	6. Signature:  Name (type or print): <u>Lorin K. Walker</u>		Date: <u>1-3-17</u> Title: <u>Member</u>																																				
Issued 12/14/2016 by KAH			125090																																				