

|                                                                                                                                                        |                  |                                                                                                                                            |       |                                                          |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------|---------|-------------|--|
| No. <b>W 102340</b>                                                                                                                                    |                  | Due no later than Apr 30, 2016                                                                                                             |       | 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>1. Mailing Address: Correct in this box if needed.</b><br>HIGH RIDGE, LLC<br>RICHARD J ORGILL<br>16254 S HAWKINS RD<br>ARIMO ID 83214   |       | RICHARD J ORGILL<br>16254 S HAWKINS RD<br>ARIMO ID 83214 |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                            |       | 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                                                                                                                                                 | RICHARD J ORGILL | 16254 S HAWKINS RD                                                                                                                         | ARIMO | ID                                                       | USA     | 83214       |  |
| 5. Organized Under the Laws of:<br><b>ID<br/>W 102340</b>                                                                                              |                  | 6. Annual Report must be signed.*<br>Signature: RICHARD Orgill<br>Name (type or print): RICHARD Orgill<br>Date: 05/23/2016<br>Title: owner |       |                                                          |         |             |  |
| Processed 05/23/2016                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                  |       |                                                          |         |             |  |