No. W 13160	Due no later than Oct 31, 2018 Annual Report Form	2. Registered Agent and Office **(NOT A P.O. BOX)** JEFF STOKER 733 ADDISON AV TWIN FALLS ID 8
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.** R & L CHECKETTS RANCH L.L.C. ROY L CHECKETTS 6570 NORTHWIND DR COLORADO SPRINGS CO 80918-4714	3. New Registered Agent Signature.

For Office Use Only
-FILED-
File #: 0003305913
Date Filed: 10/1/2018 9:08:00 AM

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager ☒ Member ☐	ROY L CHECKETTS	6570 NORTHWIND DR	COLO SPGS	CO	USA	80918
Manager ☐ Member ☐						
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6.
IDAHO W 13160	Signature: R L Checketts Date: 9/24/2018 Name (type or print): ROY L CHECKETTS Title: MANAGER

Issued 09/12/2018 by DK1 104546

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**

Block 3: Only a **new** registered agent must sign in Block 3.

Block 4: Check either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company. **Note: DO NOT put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1.** If more space is needed please add an attachment.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.

**** The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.**

If the limited liability company is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the limited liability company to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

If the document is incorrect, is there a telephone number to reach you for corrections? _____

POSTMARK DATES WILL NOT BE ACCEPTED