

No. W 108588	Due no later than Nov 30, 2015 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) SHARON ZENTZIS 1100 WALKER RD VIOLA ID 83872-9788
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. MARJORIE ANDERSON FAMILY, LLC (THE) SHARON ZENTZIS 1100 WALKER RD VIOLA ID 83872-9788	3. <u>New</u> Registered Agent Signature.

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 <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Marjorie A. Anderson	315 Pine ST.	Potlatch	ID	USA	83855
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Shirley A. Hornbaker	2404 W. Deschutes Ave.	Kennelwick	WA	USA	99336-3007
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Sharon K. Zentzis	1100 WALKER RD.	Viola	ID	USA	83872-9788
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 108588 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Sharon K. Zentzis</u> </td> <td style="width: 40%;"> Date: <u>09-25-2015</u> </td> </tr> <tr> <td> Name (type or print): <u>Sharon K. Zentzis</u> </td> <td> Title: <u>MANAGER</u> </td> </tr> </table>	Signature: <u>Sharon K. Zentzis</u>	Date: <u>09-25-2015</u>	Name (type or print): <u>Sharon K. Zentzis</u>	Title: <u>MANAGER</u>
Signature: <u>Sharon K. Zentzis</u>	Date: <u>09-25-2015</u>				
Name (type or print): <u>Sharon K. Zentzis</u>	Title: <u>MANAGER</u>				

Issued 09/21/2015 by SLD

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