

No. W 23030	Due no later than Mar 31, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) TED PAYNE 41691 JUNIPER MOUNTAIN RD CLIFFS ID 97910
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. PAYNE FAMILY GRAZING ASSOCIATION, LLC TED PAYNE 41691 JUNIPER MOUNTAIN RD JORDAN VALLEY OR 97910		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"/>	Jack Payne	1500 LazyHeart Ln;	Fallon,	NV.		89406
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Polly Baldwin	300 N. 2nd Ave. W;	Middletown,	ID.		83644
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Rena Britton	4304 Hogg Rd;	Homedale,	Id.		83628
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO W 23030</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Ted Payne</u> </td> <td style="width: 40%;"> Date: <u>2/6/15</u> </td> </tr> <tr> <td> Name (type or print): <u>Ted Payne</u> </td> <td> Title: <u>Manager</u> </td> </tr> </table>	Signature: <u>Ted Payne</u>	Date: <u>2/6/15</u>	Name (type or print): <u>Ted Payne</u>	Title: <u>Manager</u>
Signature: <u>Ted Payne</u>	Date: <u>2/6/15</u>				
Name (type or print): <u>Ted Payne</u>	Title: <u>Manager</u>				

Issued 01/27/2015 by DK1
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