

No. <b>W 108435</b>	<b>Due no later than Nov 30, 2013</b> <b>Annual Report Form</b>	2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> LOWELL BYRON CURTIS 1930 E 2200 N TWIN FALLS ID 83301
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> L&J CURTIS RANCH L.L.C. LOWELL BYRON CURTIS 1930 E 2200 N TWIN FALLS ID 83301	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 checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Lowell Byron Curtis	1930 E 2200 N	Twin Falls	Idaho	USA	83301
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Julina Lyons Curtis	1930 E 2200 N	Twin Falls	Id	USA	83301
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Brenda C Lervick	3096 N 8000 W	Tetonia	Id	USA	83452
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Stacy J. Lervick	3096 N 8000 W	Tetonia	Id	USA	83452
See Attached sheet						

5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 108435</b> </div>	6. Signature: <u>Lowell Byron Curtis</u> Date: <u>11-1-13</u> Name (type or print): <u>Lowell Byron Curtis</u> Title: <u>Manager</u>
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## 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](http://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**