No. **W 50523**	**Due no later than May 31, 2015** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** POISON CREEK GRAZING ASSOCIATION, L.L.C. TIM MACKENZIE 1349 SOUTHSIDE ROAD HOMEDALE ID 83628	TIM MACKENZIE 1349 SOUTHSIDE ROAD HOMEDALE ID 83628 3. New 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
MANAGER	TIM MACKENZIE	PO BOX 443	HOMEDALE	ID		83628

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 50523**	Signature: Tim Mackenzie	Date: 04/22/2015
	Name (type or print): Tim Mackenzie	Title: Manager

Processed 04/22/2015

* Electronically provided signatures are accepted as original signatures.