No. C 85650	Due no later than Jan 31, 2013 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. TRIPPLE CREEK RANCHES, INC. MITCHELL JACOBS 2496 NORTH 2375 EAST HAMER ID 83425	MITCHELL JACOBS 2496 NORTH 2375 EAST HAMER ID 83425
NO FILING FEE IF RECEIVED BY DUE DATE	·	3. New Registered Agent Signature.
Office Held Pres. F Sec. Va Member C	Name Street or PO Address City -Mitchell Jacobs 2496N.2375E. He lynn Jacobs 2496N.2375E. He lander Shupe 2494N.2375E.	omer ID Sefferson 83425
5. Organized Under the Lav IDAHO C 85650	Name (type or print):  Em. te hell Sacks	Date: 12/1/12 Title: Pres

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

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