


No. <b>W 166755</b>	<b>Due no later than May 31, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> ARDEN EUGENE WICKEL 2337 E 1500 S MALTA ID 83342
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> BROKEN BOX CATTLE CO., LLC ARDEN EUGENE WICKEL 2337 E 1500 S MALTA ID 83342		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 type="checkbox"/>	ARDEN EUGENE WICKEL		2337 E	1500 S	Malta	ID 83342
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	JUSTIN W. WICKEL		2337E	1500 S	Malta	ID 83342
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 166755</b> </div>	6. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;">           Signature:   <hr/>           Name (type or print): <u>ARDEN Eugene Wickel</u> </div> <div style="width: 35%;">           Date: <u>19 MAY 17</u>  <hr/>           Title: <u>MANAGER</u> </div> </div>
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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM