

<p>No. W 166755</p> <p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p>NO FILING FEE IF RECEIVED BY DUE DATE</p>		<p>Due no later than May 31, 2017 Annual Report Form</p> <p>1. Mailing Address: Correct in this box if needed. BROKEN BOX CATTLE CO., LLC ARDEN EUGENE WICKEL 2337 E 1500 S MALTA ID 83342</p>		<p>2. Registered Agent and Office (NOT A P.O. BOX) ARDEN EUGENE WICKEL 2337 E 1500 S MALTA ID 83342</p>																																				
				<p>3. <u>New</u> Registered Agent Signature.</p>																																				
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>ARDEN EUGENE WICKEL</td> <td>2337 E 1500 S</td> <td>Malta</td> <td>ID</td> <td>83342</td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>JUSTIN W. WICKEL</td> <td>2337E 1500 S</td> <td>Malta</td> <td>ID</td> <td>83342</td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						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"/>						
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<p>5. Organized Under the Laws of:</p> <p>IDAHO W 166755</p>		<p>6.</p> <p>Signature: <i>Arden Eugene Wickel</i> Date: <i>19 May 17</i></p> <p>Name (type or print): <i>ARDEN Eugene Wickel</i> Title: <i>MANAGER</i></p>																																						
<p>Issued 03/27/2017 by SAT</p>																																								
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM