No. **W 107466**	**Due no later than Oct 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.** JOHNSON PINECREEK FAMILY, LLC 3120 HWY 3 DEARY ID 83823-9603	SHANNON M MALM 3120 HWY 3 DEARY ID 83823 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	SHANNON M MALM	3120 HIGHWAY 3	DEARY	ID	USA	83823
MANAGER	CHRISTINA M METCALF	350 RESERVOIR DRIVE	LEWISTON	ID	USA	83501

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 107466**	Signature: Shannon M Malm	Date: 08/17/2015
	Name (type or print): Shannon M Malm	Title: Manager

Processed 08/17/2015

* Electronically provided signatures are accepted as original signatures.