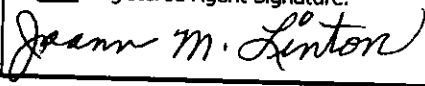
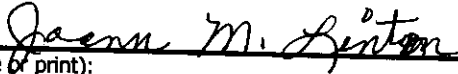


No. W 40754	Due no later than Jun 30, 2013 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) JOANN M LINTON 3334 HIGHWAY 57 PRIEST RIVER ID 83856							
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. LINTON FAMILY, LLC 3334 HIGHWAY 57 PRIEST RIVER ID 83856		3. New Registered Agent Signature. 							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.										
<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code				
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Joann M. Linton 3334 Hwy 57 Priest River ID 83856									
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Daniel J. Linton 1495 Riverside Rd, Priest River ID 83856									
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Gregory D. Linton P.O. Box 2377 Priest River, ID 83856									
Manager <input type="checkbox"/> Member <input type="checkbox"/>										
5. Organized Under the Laws of: <div style="text-align: center; font-size: large;"> IDAHO W 40754 </div>		6. Signature:  Name (type or print): <u>JOANN M. LINTON</u> Date: <u>5-23-13</u> Title: <u>MANAGER</u>								
Issued 05/15/2013 by KAH		126711								

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM