

No. W 80263	Due no later than Dec 31, 2013 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) BARBARA J DEERKOP 3207 4TH ST LEWISTON ID 83501 <i>5656 Highway 95</i> <i>Potlatch ID 83855</i>																																			
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. DEERKOP FAMILY LLC 5656 HIGHWAY 95 POTLATCH ID 83855		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 15%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Barbara Deerkop</td> <td>5656 Hwy 95</td> <td>Potlatch</td> <td>Idaho</td> <td></td> <td>83855</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Gree Deerkop</td> <td>16015 River Rd</td> <td>Palouse</td> <td>WA</td> <td>Whitman</td> <td>99161</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Donald Deerkop</td> <td>1176 Acornville Rd</td> <td>Potlatch</td> <td>Idaho</td> <td></td> <td>83855</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Eileen Dial</td> <td>401 N 5th St. Farmington, WA 99128</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"/>	Barbara Deerkop	5656 Hwy 95	Potlatch	Idaho		83855	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Gree Deerkop	16015 River Rd	Palouse	WA	Whitman	99161	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Donald Deerkop	1176 Acornville Rd	Potlatch	Idaho		83855	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Eileen Dial	401 N 5th St. Farmington, WA 99128				
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Barbara Deerkop	5656 Hwy 95	Potlatch	Idaho		83855																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Gree Deerkop	16015 River Rd	Palouse	WA	Whitman	99161																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Donald Deerkop	1176 Acornville Rd	Potlatch	Idaho		83855																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Eileen Dial	401 N 5th St. Farmington, WA 99128																																				
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO W 80263</div>		6. Signature: <div style="text-align: center;"> </div> Date: <u>22 Oct 2013</u> Name (type or print): <div style="text-align: center;"> <u>BARBARA DEERKOP</u> </div> Title: <u>Manager</u>																																				
Issued 10/18/2013 by SLD		127307																																				

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Check either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company. **Note: DO NOT put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1.** If more space is needed please add an attachment.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.

**** The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.**

If the limited liability company is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the limited liability company to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

If the document is incorrect, is there a telephone number to reach you for corrections?

POSTMARK DATES WILL NOT BE ACCEPTED