

No. W 50523		Due no later than May 31, 2013 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		1. Mailing Address: Correct in this box if needed. POISON CREEK GRAZING ASSOCIATION, L.L.C. TIM MACKENZIE 1349 SOUTHSIDE ROAD HOMEDALE ID 83628		TIM MACKENZIE 1349 SOUTHSIDE ROAD HOMEDALE ID 83628			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name TIM MACKENZIE	Street or PO Address PO BOX 443		City HOMEDALE	State ID	Country USA	Postal Code 83628
5. Organized Under the Laws of: ID W 50523		6. Annual Report must be signed.* Signature: Tim Mackenzie Name (type or print): Tim Mackenzie Date: 06/16/2013 Title: Manager					
Processed 06/16/2013 * Electronically provided signatures are accepted as original signatures.							