

No. W 50523		Due no later than May 31, 2013		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		Annual Report Form 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			
				3. <u>New</u> 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	TIM MACKENZIE	PO BOX 443	HOMEDALE	ID	USA	83628	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 50523		Signature: Tim Mackenzie				Date: 06/16/2013	
		Name (type or print): Tim Mackenzie				Title: Manager	
Processed 06/16/2013		* Electronically provided signatures are accepted as original signatures.					