

|  |                  |   |        |  |         |             |  |
|--|------------------|---|--------|--|---------|-------------|--|
| No. <b>W 68011</b>   |                  | <b>Due no later than Oct 31, 2014</b>   |        | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>Annual Report Form</b>   |        | WYNN R DEWSNUP<br>925 E 1000 N<br>RUPERT ID 83350  |         |             |  |
|  |                  | <b>1. Mailing Address: Correct in this box if needed.</b><br>SPLIT BUTTE CATTLE CO. LLC<br>WYNN DEWSNUP<br>PO BOX 767<br>RUPERT ID 83350<br>USA |        | 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 |  |
| MEMBER   | WYNN R DEWSNUP   | 925 E 1000 N  | RUPERT | ID   | USA     | 83350       |  |
| MEMBER   | JEANNINE DEWSNUP | 925 E 1000 N  | RUPERT | ID   | USA     | 83350       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 68011</b>   |                  | 6. Annual Report must be signed.*<br>Signature: Wynn Dewsnap<br>Name (type or print): Wynn Dewsnap  |        |  |         |             |  |
|  |                  | Date: 09/09/2014<br>Title: Member   |        |  |         |             |  |
| Processed 09/09/2014   |                  | * Electronically provided signatures are accepted as original signatures.   |        |  |         |             |  |