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| No. L 6292 | | Due no later than Aug 31, 2018 | | 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. LEAF RANCH, LP WILLIAM E LEAF Sr Partner LEAF 908 DIVOT CIRCLE P.O.BOX 671 CASCADE ID 83611 | | WILLIAM E LEAF 908 DIVOT CIRCLE CASCADE ID 83611 | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
| GENERAL PARTNER | LISA M NELSON | 4038 NORTH FLOWING WELLS ROAD P.O. BOX 35581 | TUCSON | AZ | USA | 85705 |
| GENERAL PARTNER | MARK E LEAF | 10493 W COUNTRY SQUIRE LANE | BOISE | ID | USA | 83704 |
| GENERAL PARTNER | WILLIAM R LEAF | 1219 NORTH 21 STREET | BOISE | ID | USA | 83702 |
| GENERAL PARTNER | WILLIAM E LEAF | PO BOX 671 | CASCADE | ID | USA | 83611 |
| GENERAL PARTNER | MARIE LEAF | PO BOX 671 | CASCADE | ID | USA | 83611 |
| 5. Organized Under the Laws of: ID L 6292 | | 6. Annual Report must be signed.* Signature: William E. Leaf Name (type or print): William E. Leaf | | Date: 06/21/2018 Title: Sr. Partner | | |
| Processed 06/21/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | |