

No. W 19615	Due no later than Jun 30, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) EDITH M STANGER 115 N MORNINGSIDE DR IDAHO FALLS ID 83402																																										
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. DOUBLE ARROW RANCH LIMITED LIABILITY COMPANY EDITH M STANGER 115 N MORNINGSIDE DR IDAHO FALLS ID 83402		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: 25%;">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 checked="" type="checkbox"/></td> <td>Edith M. Stanger</td> <td>115 North Morningside Dr.</td> <td>Idaho Falls</td> <td>ID</td> <td></td> <td>83402</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Michael R Stanger</td> <td>915 8th St</td> <td>Idaho Falls</td> <td>ID</td> <td></td> <td>83402</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Bruce Stanger</td> <td>PO Box 532</td> <td>Idaho Falls</td> <td>ID</td> <td></td> <td>83402</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Kimberly S. Kramme</td> <td>115 N. Morningside Dr.</td> <td>Idaho Falls</td> <td>ID</td> <td></td> <td>83402</td> </tr> <tr> <td colspan="7" style="padding-left: 20px;">(My daughter lives with me)</td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Edith M. Stanger	115 North Morningside Dr.	Idaho Falls	ID		83402	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Michael R Stanger	915 8 th St	Idaho Falls	ID		83402	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Bruce Stanger	PO Box 532	Idaho Falls	ID		83402	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Kimberly S. Kramme	115 N. Morningside Dr.	Idaho Falls	ID		83402	(My daughter lives with me)						
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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;">IDAHO W 19615</div>		6. Signature: <u>Edith M. Stanger</u> Date: <u>6/16/2016</u> <hr/> Name (type or print): <u>EDITH M STANGER</u> Title: <u>Member Manager</u>																																											
Issued 03/30/2016 by TLB																																													