| No. W 124035 | | | ter than Apr 30, 2015 | 2. Registered Agent and Address (NO PO BOX) | | | | | | | |
|--|-------------------|---|---------------------------------------|--|------------------|------------------------|------------------------------|--|-------|---------|-------------|
| Return to: | | Annual Report Form | | CHRISTOPHER W JAMES 3880 GARDEN CREEK RD CHALLIS 83226 | | | | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. SHILOH WARM SPRINGS RANCH, LLC CHRISTOPHER WOLFE JAMES PO BOX 510 CHALLIS ID 83226-0510 | | | | | | | | | |
| | | | | | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | | | 4. Limited Liability Compan | nies: Enter Nam | es and Addresses of at | least one Member or Manager. | | | | |
| | | | | Office Held | Name | | Street or PO Address | City | State | Country | Postal Code |
| MEMBER | DEBRA ELLEN JAMES | | 3880 GARDEN CREEK RD P O BOX 510 | CHALLIS | ID | USA | 83226-0510 | | | | |
| MANAGER | CHRISTOPHER | R WOLFE JAMES | 3880 GARDEN CREEK ROAD P O BOX 510 | CHALLIS | ID | USA | 83226-0510 | | | | |
| | | | | | | | | | | | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | | | | |
| ID W 124035 | | Signature: Christopher W James | | | Date: 02/20/2015 | | | | | | |
| | | Name (type or print): Christopher W James | | | Title: Manager | | | | | | |
| Processed 02/20/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | | | | | |