

No. <b>W 19615</b>	Due no later than Jun 30, 2015 <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> 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  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> DOUBLE ARROW RANCH LIMITED LIABILITY COMPANY EDITH M STANGER 115 N MORNINGSIDE DR IDAHO FALLS ID 83402		3. <u>New</u> Registered Agent Signature.  <div style="text-align: center; font-size: 2em;">N A</div>							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.										
<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 25%;">Name</th> <th style="width: 25%;">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: 15%;">Postal Code</th> </tr> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code				
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Edith M Stanger - 115 N Morningside Dr - Idaho Falls - ID - 83402									
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Kimberly & Kwamme - PO Box 2725 - Idaho Falls - ID - 83405									
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Bruce Stanger - PO Box 532 - Jona ID - 83427									
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Michael Stanger - 915-8th St - Idaho Falls 83401									
5. Organized Under the Laws of:  <div style="text-align: center; font-size: 1.2em;"> <b>IDAHO</b>  <b>W 19615</b> </div>		6. Signature: <u>Edith M. Stanger</u> Name (type or print): _____  Date: <u>May 19, 2014</u> Title: _____								
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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office must be at a street address in Idaho, not a Post Office Box or Personal Mail Box.