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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------|---------|-------------|--|
| No. <b>W 89513</b>                                                                                                                                     |                       | <b>Due no later than Jan 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><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>PRAYING MONK RANCH, LLC<br>CHESTER M HAWORTH III<br>PO BOX 554<br>MOYIE SPRINGS ID 83845<br>USA |               | CHESTER M HAWORTH III<br>512 WOLVERINE RD<br>MOYIE SPRINGS ID 83845 |         |             |  |
|                                                                                                                                                        |                       |                                                                                                                                                                                                   |               | 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                                                                                                                                                 | LYNN E HAWORTH        | PO BOX 554 512 WOLVERINE RD                                                                                                                                                                       | MOYIE SPRINGS | ID                                                                  | USA     | 83845       |  |
| MANAGER                                                                                                                                                | CHESTER M HAWORTH III | PO BOX 554 512 WOLVERINE RD                                                                                                                                                                       | MOYIE SPRINGS | ID                                                                  | USA     | 83845       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 89513</b>                                                                                           |                       | 6. Annual Report must be signed.*<br>Signature: Chester M. Haworth III<br>Name (type or print): Chester M. Haworth III<br>Date: 02/06/2014<br>Title: Manager                                      |               |                                                                     |         |             |  |
| Processed 02/06/2014                                                                                                                                   |                       | * Electronically provided signatures are accepted as original signatures.                                                                                                                         |               |                                                                     |         |             |  |