

No. <b>W 145596</b>	<b>Due no later than Dec 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> 4 L RANCH LLC PAUL A LARSEN 10145 DENT BRIDGE RD OROFINO ID 83544		RACHELL LARSEN 10145 DENT BRIDGE RD OROFINO ID 83544			
			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	PAUL A LARSEN	10145 DENT BRIDGE RD	OROFINO	ID	USA	83544
5. Organized Under the Laws of:  <b>ID</b> <b>W 145596</b>	6. Annual Report must be signed.* Signature: Rachell Larsen Name (type or print): Rachell Larsen		Date: 12/18/2015 Title: Agent			
Processed 12/18/2015		* Electronically provided signatures are accepted as original signatures.				