

|  |           |  |         |  |         |                  |  |
|--|-----------|--|---------|--|---------|------------------|--|
| No. <b>W 89056</b>   |           | <b>Due no later than Dec 31, 2015</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>1. Mailing Address: Correct in this box if needed.</b><br><br>INTERMOUNTAIN HAY & LIVESTOCK LLC<br>AARON ORR<br>39 PROFESSIONAL PLAZA<br>REXBURG ID 83440 |         | AARON ORR<br>7411 S 400 W<br>REXBURG ID 83440      |         |                  |  |
|  |           |  |         | 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   | AARON ORR | 7411 S 400 W   | REXBURG | ID   | USA     | 83440            |  |
| 5. Organized Under the Laws of:  |           | 6. Annual Report must be signed.*  |         |  |         |                  |  |
| <b>ID<br/>W 89056</b>  |           | Signature: AARON ORR   |         |  |         | Date: 10/13/2015 |  |
|  |           | Name (type or print): AARON ORR  |         |  |         | Title: MEMBER    |  |
| Processed 10/13/2015   |           | * Electronically provided signatures are accepted as original signatures.  |         |  |         |                  |  |