

No. W 39504	Due no later than May 31, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) GARY ANDERSON 1020 MCBRIDE RD POTLATCH ID 83855																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. GARY ANDERSON LLC GARY ANDERSON 1020 MCBRIDE RD POTLATCH ID 83855		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Manager or Member</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 30%;">Street or PO Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Country</th> <th style="text-align: left; width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6">Gary Anderson, 1020 McBride Rd Potlatch ID Latak 83855</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td colspan="6">Salie Anderson " " " "</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Gary Anderson, 1020 McBride Rd Potlatch ID Latak 83855						Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Salie Anderson " " " "						Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Gary Anderson, 1020 McBride Rd Potlatch ID Latak 83855																																					
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Salie Anderson " " " "																																					
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 39504 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Salie Anderson</u> </td> <td style="width: 40%;"> Date: <u>4-29-16</u> </td> </tr> <tr> <td> Name (type or print): <u>Salie Anderson</u> </td> <td> Title: <u>Sec DWNEY/HAS</u> </td> </tr> </table>			Signature: <u>Salie Anderson</u>	Date: <u>4-29-16</u>	Name (type or print): <u>Salie Anderson</u>	Title: <u>Sec DWNEY/HAS</u>																															
Signature: <u>Salie Anderson</u>	Date: <u>4-29-16</u>																																					
Name (type or print): <u>Salie Anderson</u>	Title: <u>Sec DWNEY/HAS</u>																																					
Issued 04/25/2016 by TLB 107726																																						