

No. <b>W 66663</b> 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>	Due no later than Sep 30, 2010 Annual Report Form  <b>1. Mailing Address: Correct in this box if needed.</b> MAPES GRAZING, LLC  1061 SAGEWOOD PLACE POCATELLO ID 83201	2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) JOAN H MAPES 1061 SAGEWOOD PLACE POCATELLO ID 83201  3. <u>New</u> Registered Agent Signature.														
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>JOAN H. MAPES</td> <td>1061 Sagewood Pl.</td> <td>POCATELLO</td> <td>ID</td> <td>Bank</td> <td>83201</td> </tr> </tbody> </table>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Manager	JOAN H. MAPES	1061 Sagewood Pl.	POCATELLO	ID	Bank	83201
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5. Organized Under the Laws of:  IDAHO W 66663	6. <table border="1"> <tr> <td>Signature: <u>Joan H. Mapes</u></td> <td>Date: <u>7/14/10</u></td> </tr> <tr> <td>Name (type or print): <u>JOAN H. MAPES</u></td> <td>Title: <u>Mgr.</u></td> </tr> </table>		Signature: <u>Joan H. Mapes</u>	Date: <u>7/14/10</u>	Name (type or print): <u>JOAN H. MAPES</u>	Title: <u>Mgr.</u>										
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Issued 07/12/2010 by KAH																

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**