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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------|---------------------|
| No. <b>W 413</b>                                                                                                                                       |                | <b>Due no later than Jul 31, 2016</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>                                                                                                                           |          | CURTIS L RUEHL<br>15268 GRIFFIN LN<br>CALDWELL ID 83607 |                     |
|                                                                                                                                                        |                | <b>1. Mailing Address: Correct in this box if needed.</b><br>MOUNTAIN WEST LAND & LEASE L.L.C.<br>CURTIS L RUEHL<br>PO BOX 340<br>CALDWELL ID 83606 |          | 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 |
| MANAGER                                                                                                                                                | CURTIS L RUEHL | 15268 GRIFFIN LN                                                                                                                                    | CALDWELL | ID                                                      | 83605               |
| MANAGER                                                                                                                                                | RICHARD E GRAY | 17645 MADISON AVE                                                                                                                                   | NAMPA    | ID                                                      | 83687               |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                   |          |                                                         |                     |
| <b>ID<br/>W 413</b>                                                                                                                                    |                | Signature: KARLA SHUEY                                                                                                                              |          | Date: 05/23/2016                                        |                     |
|                                                                                                                                                        |                | Name (type or print): KARLA SHUEY                                                                                                                   |          | Title: CONTROLLER                                       |                     |
| Processed 05/23/2016                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                           |          |                                                         |                     |