

No. W 87456	Due no later than Oct 31, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. EVAPOTRANSPIRATION PLUS, LLC RICHARD G ALLEN 631 SARATOGA DRIVE, APT 201 201 TWIN FALLS ID 83301		RICHARD G ALLEN 631 SARATOGA DRIVE, APT 201 201 TWIN FALLS ID 83301			
			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	RICHARD G ALLEN	3496 N 2500 E	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID W 87456	6. Annual Report must be signed.* Signature: Richard Allen Name (type or print): Richard Allen		Date: 09/07/2017 Title: Manager			
Processed 09/07/2017		* Electronically provided signatures are accepted as original signatures.				