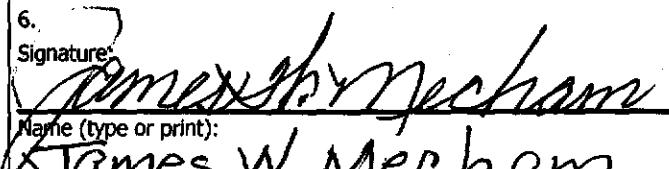


No. W 40984		Due no later than Jul 31, 2012 Annual Report Form		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JAMES W MECHAM 412 MAIN AVE N TWIN FALLS ID 83301																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. 669 RIVER ROAD RANCH, LLC JAMES W MECHAM PO BOX 3119 TWIN FALLS ID 83303 USA		3. New Registered Agent Signature.																																				
NO FILING FEE IF RECEIVED BY DUE DATE																																								
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																								
<table border="0"> <thead> <tr> <th>Manager or Member</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 <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6">James W. Mecham P.O. Box 3119</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6">Twin Falls, Idaho 83303 Twin Falls County</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"/>	James W. Mecham P.O. Box 3119						Manager <input type="checkbox"/> Member <input type="checkbox"/>	Twin Falls, Idaho 83303 Twin Falls County						Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  IDAHO W 40984		6. Signature:  Name (type or print): James W. Mecham		Date: <u>7-11-2017</u> Title: <u>Sole Proprietor</u>																																				

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