

No. W 124443	Due no later than Apr 30, 2014 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.		ANTHONY WILLIAMS 19 NORTH SUNSET STREET BOISE ID 83651			
	IDAHO SAWTOOTH BLUEGRASS ASSOC. LLC CAROLYN THORSEN 19 NORTH SUNSET STREET BOISE ID 83651		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	CAROLYN D THORSEN	19 NORTH SUNSET STREET	BOISE	ID	USA	83651
5. Organized Under the Laws of: ID W 124443	6. Annual Report must be signed.* Signature: Carolyn Thorsen Name (type or print): Carolyn Thorsen		Date: 04/29/2014 Title: Chairman of the Board			
Processed 04/29/2014		* Electronically provided signatures are accepted as original signatures.				