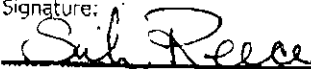


No. W 109565	Due no later than Dec 31, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) BERT DEWINKLE 3438 LYNWOOD RD MELBA ID 83641
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. PROVIDENCE LAND, LLC BERT DEWINKLE 3438 LYNWOOD RD MELBA ID 83641		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member	Name	Street or PO Address	City State Country Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Bert DeWinkle	3438 Lynwood Melba ID	USA 83641
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Tina DeWinkle	" "	" "
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Rudi DeWinkle	" "	" "
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Siska Reece	" "	" "
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 109565 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature:  Name (type or print): <u>Siska Reece</u> </div> <div style="width: 35%;"> Date: <u>1/13/2015</u> Title: <u>Book Keeper</u> </div> </div>	
Issued 01/06/2015 by SLD		123945	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the