

|                                                                                                                                                        |                  |                                                                                                                                                    |       |                                                        |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------|---------|------------------|--|
| No. <b>W 28551</b>                                                                                                                                     |                  | <b>Due no later than Feb 28, 2013</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>1. Mailing Address: Correct in this box if needed.</b><br><br>PICKET CREEK RANCH, LLC<br>WILLIAM H WEAVER<br>5797 N BOGART LN<br>BOISE ID 83714 |       | WILLIAM H WEAVER<br>5797 N BOGART LN<br>BOISE ID 83714 |         |                  |  |
|                                                                                                                                                        |                  |                                                                                                                                                    |       | 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                                                                                                                                                | WILLIAM H WEAVER | 5797 N BOGART LN                                                                                                                                   | BOISE | ID                                                     | USA     | 83714            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                                  |       |                                                        |         |                  |  |
| <b>ID<br/>W 28551</b>                                                                                                                                  |                  | Signature: William Weaver                                                                                                                          |       |                                                        |         | Date: 01/02/2013 |  |
|                                                                                                                                                        |                  | Name (type or print): William Weaver                                                                                                               |       |                                                        |         | Title: Manager   |  |
| Processed 01/02/2013                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                          |       |                                                        |         |                  |  |