

|                                                                                                                                                        |                    |                                                                                                                                                    |          |                                                           |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------------|---------|-------------|--|
| No. <b>W 35395</b>                                                                                                                                     |                    | <b>Due no later than Dec 31, 2016</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>WILLIAMS-WHEELER RANCHES LLC<br>CARL B WHEELER<br>14712 N HWY 34<br>THATCHER ID 83283 |          | CARL BRICK WHEELER<br>14712 N HWY 34<br>THATCHER ID 83283 |         |             |  |
|                                                                                                                                                        |                    |                                                                                                                                                    |          | 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 |  |
| MEMBER                                                                                                                                                 | CARL BRICK WHEELER | 14712 N HWY 34                                                                                                                                     | THATCHER | ID                                                        | USA     | 83283       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 35395</b>                                                                                           |                    | 6. Annual Report must be signed.*<br>Signature: Carl B Wheeler<br>Name (type or print): Carl B Wheeler<br>Date: 10/29/2016<br>Title: member        |          |                                                           |         |             |  |
| Processed 10/29/2016                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                          |          |                                                           |         |             |  |