

|                                                                                                                                                        |                |                                                                                                                                               |             |                                                      |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------|---------|-------------|--|
| No. <b>W 34091</b>                                                                                                                                     |                | <b>Due no later than Oct 31, 2018</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>ROCK CORRAL RANCHES, LLC<br>DWIGHT E BAKER<br>266 W BRIDGE<br>BLACKFOOT ID 83221 |             | DWIGHT E BAKER<br>266 W BRIDGE<br>BLACKFOOT ID 83221 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                               |             | 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                                                                                                                                                | DWIGHT E BAKER | 266 W BRIDGE                                                                                                                                  | BLACKFOOT   | ID                                                   | USA     | 83221       |  |
| MANAGER                                                                                                                                                | JAMES W BAKER  | 1055 SW ENGLEWOOD                                                                                                                             | LAKE OSWEGO | OR                                                   | USA     | 97034       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 34091</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Dwight E Baker<br>Name (type or print): Dwight E Baker                                        |             |                                                      |         |             |  |
|                                                                                                                                                        |                | Date: 08/21/2018<br>Title: Manager                                                                                                            |             |                                                      |         |             |  |
| Processed 08/21/2018                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                     |             |                                                      |         |             |  |