

|  |              |  |       |  |         |             |  |
|--|--------------|--|-------|--|---------|-------------|--|
| No. <b>W 122023</b>  |              | <b>Due no later than Feb 28, 2015</b><br><b>Annual Report Form</b>   |       | 2. Registered Agent and Address ( <b>NO PO BOX</b> ) |         |             |  |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |              | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>THREE RIVERS CALF RANCH, LLC<br>DARIN G MANN<br>30421 MANN LN<br>PARMA ID 83660 |       | DARIN MANN<br>103 SAGE CT<br>PARMA 83660             |         |             |  |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>   |              |  |       | 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   | C KENT MANN  | 29725 HURTZ RD   | PARMA | ID   | USA     | 83660       |  |
| MEMBER   | DARIN G MANN | 103 SAGE CT  | PARMA | ID   | USA     | 83660       |  |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 122023</b>                                |              | 6. Annual Report must be signed.*<br><br>Signature: Darin Mann<br>Name (type or print): Darin Mann   |       |  |         |             |  |
|  |              | Date: 01/05/2015<br>Title: Member  |       |  |         |             |  |
| Processed 01/05/2015   |              | * Electronically provided signatures are accepted as original signatures.  |       |  |         |             |  |