

|                                                                                                                                                        |            |                                                                                                                                               |           |                                                     |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------|---------|-------------|--|
| No. <b>W 87414</b>                                                                                                                                     |            | <b>Due no later than Oct 31, 2017</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>2 POINTS RANCH, LLC<br>TOM A POINTS<br>26600 GAIL LANE<br>MIDDLETON ID 83644 |           | TOM POINTS<br>26600 GAIL LANE<br>MIDDLETON ID 83644 |         |             |  |
|                                                                                                                                                        |            |                                                                                                                                               |           | 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                                                                                                                                                | TOM POINTS | 26600 GAIL LANE                                                                                                                               | MIDDLETON | ID                                                  | USA     | 83644       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 87414</b>                                                                                           |            | 6. Annual Report must be signed.*<br>Signature: Tom Points<br>Name (type or print): Tom Points                                                |           |                                                     |         |             |  |
|                                                                                                                                                        |            | Date: 08/19/2017<br>Title: Manager                                                                                                            |           |                                                     |         |             |  |
| Processed 08/19/2017                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                                     |           |                                                     |         |             |  |