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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------|---------|-------------|--|
| No. <b>W 11543</b>                                                                                                                                     |                     | <b>Due no later than Mar 31, 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>WHY WORRY RANCH, LLC<br>ANNE REYNOLDS<br>2246 E MAPLE DR<br>KING HILL ID 83633 |           | ANNE M REYNOLDS<br>2246 E MAPLE DR<br>KING HILL ID 83633-3540 |         |             |  |
|                                                                                                                                                        |                     |                                                                                                                                                 |           | 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                                                                                                                                                | ANNE REYNOLDS JONES | 2246 E MAPLE DR                                                                                                                                 | KING HILL | ID                                                            | USA     | 83633       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 11543</b>                                                                                           |                     | 6. Annual Report must be signed.*<br>Signature: Anne M Reynolds<br>Name (type or print): Anne M Reynolds                                        |           |                                                               |         |             |  |
|                                                                                                                                                        |                     | Date: 03/18/2013<br>Title: Manager                                                                                                              |           |                                                               |         |             |  |
| Processed 03/18/2013                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                       |           |                                                               |         |             |  |