No. <b>W 86983</b>		Due no later than Sep 30, 2012			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		WILBUR G HASENOEHRL				
SECRETARY OF STATE	1. Mailing A	1. Mailing Address: Correct in this box if needed.  WILBUR G. & RITA HASENOEHRL FAMILY FARM, LLC SHAWN HASENOEHRL 2022 GRELLE AVENUE		3616 21ST ST LEWISTON ID 83501				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SHAWN HASI			LEWISTON ID 65501				
	LEWISTON II	LEWISTON ID 83501-6139		3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Enter	Names and Addresse	es of at least one Member or Manager.						
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
MANAGER SHAWN HASENOEHRL		2022 GRELLE AVENUE	LEWISTON	ID	USA	83501-6139		
5. Organized Under the Laws of:  6. Annual Report must be signed.*								
ID	Signature: Sh	Signature: Shawn Hasenoehrl		Date: 08/10/2012				
W 86983	Name (type o	Name (type or print): Shawn Hasenoehrl		Title: Manager				
Processed 08/10/2012	* Electronically p	* Electronically provided signatures are accepted as original signatures.						