| No. W 119159 | | Due no later than Nov 30, 2015 | 2. Registered Agent and Address (NO PO BOX) TIM HARLAN 4685 TURNER HILL RD BONNERS FERRY ID 83805 3. New Registered Agent Signature:* | | | |
|--|------|--|---|-------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. HARLAN MOUNTAIN FARMS, LLC TIM HARLAN PO BOX B BONNERS FERRY ID 83805 | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar | | mes and Addresses of at least one Member or Manager. | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
| MANAGER TIM L HARLAN | | AN 4685 TURNER HILL ROAD | BONNERS FERRY | ID | USA | 83805 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | |
| ID | | Signature: Tim Harlan Date: 09/18/2015 | | | | |
| W 119159 | | Name (type or print): Tim Harlan | Title: Partner | | | |
| Processed 09/18/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | |