No. <b>W 22230</b>		ie no later than Jan 31, 2016	2. Registered A	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		KIRK L CHRISTIANSEN				
SECRETARY OF STATE 700 WEST JEFFERSON		1. Mailing Address: Correct in this box if needed.  CHRISTIANSEN LAND & LIVESTOCK, L.L.C.  R DAVID FIALA  PO BOX 5064		659 EASTLAND DR S TWIN FALLS ID 83301				
PO BOX 83720 BOISE, ID 83720-0080	R DAVID FIA							
	TWIN FALLS	TWIN FALLS ID 83303-5064		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		
MEMBER KIRK L CHRISTIANSEN		PO BOX 950	TWIN FALLS	ID		83303		
5. Organized Under the Laws of: 6. Annual Report must be signed.*								
ID	Signature: Kir	Signature: Kirk Christiansen		Date: 12/23/2015				
W 22230	Name (type o	Name (type or print): Kirk Christiansen			Title: Member			
Processed 12/23/2015	* Electronically p	* Electronically provided signatures are accepted as original signatures.						