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|--|-------------------|--|-------|--|---------|-------------|--|
| No. W 28310 | | Due no later than Jan 31, 2016 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. KINGHORN FARMS LLC CALVIN KINGHORN 426 N 3700 E RIGBY ID 83442 | | CALVIN KINGHORN 426 N 3700 E RIGBY ID 83442 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 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 | CALVIN KINGHORN | 426 N 3700 E | RIGBY | ID | 83442 | | |
| MANAGER | KATHLEEN KINGHORN | 426 N 3700 E | RIGBY | ID | 83442 | | |
| 5. Organized Under the Laws of: ID W 28310 | | 6. Annual Report must be signed.* Signature: Calvin J. Kinghorn Name (type or print): Calvin J. Kinghorn | | | | | |
| | | Date: 12/14/2015 Title: Manager | | | | | |
| Processed 12/14/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |