No. **W 110276**	**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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** S AND A FARMS, LIMITED LIABILITY COMPANY SHAUN CRAPO 1733 E 300 N ST ANTHONY ID 83445	SHAUN CRAPO 1733 E 300 N ST ANTHONY ID 83445 3. New 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
MEMBER	ALYNN CRAPO	1733 EAST 300 NORTH	ST. ANTHONY	ID	USA	83445

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 110276**	Signature: Shaun Crapo	Date: 02/16/2016
	Name (type or print): Shaun Crapo	Title: president

Processed 02/16/2016

* Electronically provided signatures are accepted as original signatures.