No. **W 120852**	**Due no later than Jan 31, 2017** **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.** FOXCROFT FARM, LLC KAREN EVANS PO BOX 683 PARMA ID 83660	KAREN EVANS 27349 SHELTON RD PARMA ID 83660 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
MANAGER	KAREN EVANS	27349 SHELTON RD	PARMA	ID	USA	83660

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 120852**	Signature: Karen Evans	Date: 11/28/2016
	Name (type or print): Karen Evans	Title: manager

Processed 11/28/2016

* Electronically provided signatures are accepted as original signatures.