

No. W 62205		Due no later than May 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. LONNY VAN ORDEN FARMS, LLC KAREN T VANORDEN 1487 PARKWAY DR BLACKFOOT ID 83221		MERRITT L VANORDEN 1487 PARKWAY DR BLACKFOOT ID 83221	
				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	KAREN T VAN ORDEN	35 N 1200 W	BLACKFOOT	ID	83221
5. Organized Under the Laws of: ID W 62205		6. Annual Report must be signed.* Signature: KAREN VANORDEN Name (type or print): KAREN VANORDEN Date: 04/15/2016 Title: MANAGER			
Processed 04/15/2016		* Electronically provided signatures are accepted as original signatures.			