




No. <b>W 31251</b>	<b>Due no later than Jun 30, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> CHARLENE GAMBREL 1074 S 1400 E EDEN ID 83325
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. Mailing Address: Correct in this box if needed. LOHNES FARMS LLC FLOYD GAMBREL 1074 S 1400 E EDEN ID 83325 USA		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.
 

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Charlene Gambrel	1074 S 1400 E	Eden Ida	USA		83325
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Patricia meyerhoff	1074 S 1400 E	Eden Ida	USA		83325
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Geraldine meyerhoff	1074 S 1400 E	Eden Ida	USA		83325
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Clement meyerhoff	1074 S 1400 E	Eden Ida	USA		83325

5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 31251</b> </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:  </td> <td style="width: 40%;">           Date: <u>4-23-15</u> </td> </tr> <tr> <td>           Name (type or print): <u>FLOYD Gambrel</u> </td> <td>           Title: <u>Manager</u> </td> </tr> </table>	Signature: 	Date: <u>4-23-15</u>	Name (type or print): <u>FLOYD Gambrel</u>	Title: <u>Manager</u>
Signature: 	Date: <u>4-23-15</u>				
Name (type or print): <u>FLOYD Gambrel</u>	Title: <u>Manager</u>				

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