

No. W 91809		Due no later than Mar 31, 2015 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. KIWI LOCO L.L.C. JUSTIN HEIDER 1520 FILLMORE ST #2 TWIN FALLS ID 83301 USA		JUSTIN HEIDER 1520 FILLMORE ST #2 TWIN FALLS 83301			
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	CAROL TURLEY	661 RIDGEWAY DR.	TWIN FALLS	ID	USA	83301	
MEMBER	ANGELA HEIDER	442 ALTAIR DR.	TWIN FALLS	ID	USA	83301	
MANAGER	JUSTIN HEIDER	442 ALTAIR DR.	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID W 91809		6. Annual Report must be signed.* Signature: Angela Heider Name (type or print): Angela Heider					
		Date: 02/12/2015 Title: Secretary					
Processed 02/12/2015 * Electronically provided signatures are accepted as original signatures.							

No. C 22154		Due no later than Feb 29, 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. MAPLE GROVE GRANGE NO. 244 PATRONS OF HUSBANDRY, INC. PAT GLASSINGER 126 E WILLIAMS ST MERIDIAN ID 83642-2760		HAROLD ESHelman 1829 ANCESTOR AVE BOISE ID 83704			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	HAROLD ESHelman	1829 ANCESTOR AVENUE	BOISE	ID	USA	83704	
SECRETARY	PATRICIA M GLASSINGER	126 E WILLIAMS STREET	MERIDIAN	ID	USA	83642-2760	
DIRECTOR	MERLE HANSEN	655 W VICTORY ROAD	MERIDIAN	ID	USA	83642-2760	
5. Organized Under the Laws of: ID C 22154		6. Annual Report must be signed.* Signature: Patricia M. Glassinger Name (type or print): Patricia M. Glassinger					
		Date: 02/12/2016 Title: Secretary					
Processed 02/12/2016 * Electronically provided signatures are accepted as original signatures.							