No. <b>W 40938</b>		Due no later than Jul 31, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		JOHN A COLEMAN			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed.  LASKO ALEXANDER FARM, LLC  JOHN A COLEMAN  PO BOX 1293  TWIN FALLS ID 83303-1293		401 GOODING ST N STE 201 TWIN FALLS ID 83303  3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	JOHN A CC						
	TWIN FALLS						
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter	Names and Addres	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER JOHN A	COLEMAN	PO BOX 1293	TWIN FALLS	ID		83303	
MEMBER KAREN L	ASKO	11989 LOWER BENCH ROAD	EMMETT	ID	USA	83617	
5. Organized Under the Laws of:  6. Annual Report must be signed.		ort must be signed.*					
ID Signature: J		nn A Coleman Date: 06/04/2018					
W 40938	Name (type	or print): John A Coleman		Title: Agent			
Processed 06/04/2018	* Electronically	* Electronically provided signatures are accepted as original signatures.					