Return to: SECRETARY OF STATE	Annual Report Form  1. Mailing Address - Correct in this box, if applicable	NICK M LAMANNA
450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	MARY'S FEED & FARM, LLC 522 HWY 2 OLDTOWN, ID 83822	102 N 9TH ST PRIEST RIVER, ID 83856  3. New Registered Agent Signature
Limited Liability Compan	ies: Enter Names and Addresses of Managers.	
Office held Name	Street or P.O. Address City	<del>-</del>
manager Mary E.D	'Neill 522 Hwy2 Oldton	on Id 83822
		gramma karala da kar Barala da karala da
i. Organized Under the Lawe of:	6. Signature May 80 Will	Date 4-17-09
W 38833	Name Printed or Mary E. O'Neil	Date <u>4-17-09</u> Title <u>OWNER</u>
Issued 02/02/2009	Do Not Tape or Staple	200904007235