

No. W 42825	Due no later than Sep 30, 2017 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. KONEN FARMS, LLC ROBERT KONEN 32073 WAHA RD LEWISTON ID 83501		ROBERT KONEN 32073 WAHA RD LEWISTON ID 83501			
			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
MEMBER	KATE KONEN	32073 WAHA RD	LEWISTON	ID	USA	83501-7819
MANAGER	ROBERT KONEN	32073 WAHA RD	LEWISTON	ID	USA	83501
MANAGER	MOLLY KONEN	32073 WAHA RD	LEWISTON	ID	USA	83501
MEMBER	SCOTT LEE KONEN	32073 WAHA RD	LEWISTON	ID	USA	83501
5. Organized Under the Laws of: ID W 42825	6. Annual Report must be signed.* Signature: Robert Konen Name (type or print): Robert Konen		Date: 07/25/2017 Title: Owner			
Processed 07/25/2017		* Electronically provided signatures are accepted as original signatures.				