No. <b>W 50660</b>	Due no later than May 31, 2017		2. Registere	2. Registered Agent and Address (NO PO BOX)			
Return to:		nual Report Form		INCORP SERVICES, INC. 1310 S VISTA AVE STE 27			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.  NATURE'S TABLE FARM, LLC  KATRINA D PAVLOVICH  PO BOX 411		BOISE II	BOISE ID 83705			
NO FILING FEE IF USA RECEIVED BY DUE DATE		HOE BEND ID 83629-0411		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Na	ames and Addresses of	at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER KATRINA D	PAVLOVICH	10100 SHELLEY AVE	HORSESHO BEND	DE ID		83629	
5. Organized Under the Laws of:	Organized Under the Laws of:  6. Annual Report must be signed.*						
ID	Signature: D Katrina Pavlovich			Date: 07/01/2017			
W 50660 Name (type or print): D		nt): D Katrina Pavlovich		Title: Manager			
Processed 07/01/2017	* Electronically provided signatures are accepted as original signatures.						