

No. W 70993	Due no later than Feb 28, 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.		NOLAN BRANCH 45 WEST 400 NORTH MALTA ID 83342			
	BRANCH FARMS LLC NOLAN BRANCH PO BOX 24 MALTA ID 83342		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	NOLAN BRANCH	PO BOX 24	MALTA	ID		83342
MEMBER	LUANN BRANCH	PO BOX 24	MALTA	ID		83342
5. Organized Under the Laws of: ID W 70993	6. Annual Report must be signed.* Signature: nolan branch Name (type or print): nolan branch		Date: 12/25/2016 Title: member			
Processed 12/25/2016		* Electronically provided signatures are accepted as original signatures.				