No. W 642 Return to:		Due no later than Nov 30, 2013 Annual Report Form		2	2. Registered Agent and Address (NO PO BOX) JEFF SMITH				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ARBOR FARMS LIMITED LIABILITY COMPANY GEOFFREY SMITH 17926 HWY 20 BELLEVUE ID 83313		3	17926 HWY 20 BELLEVUE ID 83313 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE									
4. Limited Liability Compa	nies: Enter Na	mes and Addresses of at	least one Member or Manager.						
Office Held	Name		Street or PO Address		City	State	Country	Postal Code	
MEMBER GEOFFREY SMITH		SMITH	17926 HWY 20		BELLEVUE	ID	USA	83313	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID		Signature: Geoffrey Smith			Date: 11/08/2013				
W 642		Name (type or print): Geoffrey Smith			Title: Member				
Processed 11/08/2013 * Electronically provided signatures are accepted as original signatures.									