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|--|-----------------|---|-------|---|---------------------|
| No. W 65145 | | Due no later than Jul 31, 2017 | | 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 | | Annual Report Form | | MYRON JACOBSON 7406 BOWMONT RD NAMPA ID 83686 | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | |
| | | JACOBSON FARM SERVICES, LLC BONNIE K JACOBSON 7406 BOWMONT RD NAMPA ID 83686 | | | |
| 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 | MYRON JACOBSON | 7406 BOWMONT RD | NAMPA | ID | 83651 |
| MEMBER | BONNIE JACOBSON | 7406 BOWMONT RD | NAMPA | ID | 83651 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | |
| ID W 65145 | | Signature: Bonnie Jacobson | | Date: 05/22/2017 | |
| | | Name (type or print): Bonnie Jacobson | | Title: member | |
| Processed 05/22/2017 | | * Electronically provided signatures are accepted as original signatures. | | | |