No. <b>W 157087</b>	Due no later than Oct 31, 2017		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		5 (ACM STATE OF THE STATE OF TH	THOMAS J SORGE			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.  SORGE CUSTOM FARMING LLC THOMAS J SORGE 2532 N EDGEWOOD RD EAGLE ID 83616			2532 N EDGEWOOD RD EAGLE ID 83616			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			LAGLE ID				
			3. <u>New</u> Registe	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter N	ames and Addresse	s of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER THOMAS J	SORGE	2532 N EDGEWOOD	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:	6. Annual Report	: must be signed.*					
ID	Signature: Th	omas J Sorge		Date: 08/24/2017			
W 157087 Name (type or print): Thom		print): Thomas J Sorge		Title: Manager			
Processed 08/24/2017	* Electronically provided signatures are accepted as original signatures.						