No. **W 40938**	**Due no later than Jul 31, 2016** **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.** LASKO ALEXANDER FARM, LLC JOHN A COLEMAN PO BOX 1293 TWIN FALLS ID 83303-1293	JOHN A COLEMAN 401 GOODING ST N STE 201 TWIN FALLS ID 83303 3. New 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	JOHN A COLEMAN	PO BOX 1293	TWIN FALLS	ID		83303

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 40938**	Signature: John Coleman	Date: 07/28/2016
	Name (type or print): John Coleman	Title: Agent

Processed 07/28/2016

* Electronically provided signatures are accepted as original signatures.