

No. W 40938	Due no later than July 31, 2008													
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form													
	1. Mailing Address - Correct in this box, if applicable LASKO ALEXANDER FARM, LLC PO BOX 1293 TWIN FALLS, ID 83303-1293													
		2. Registered Agent and Office NO PO BOX JOHN A COLEMAN 401 GOODING ST N STE 201 TWIN FALLS, ID 83303												
		3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"><thead><tr><th><u>Office held</u></th><th><u>Name</u></th><th><u>Street or P.O. Address</u></th><th><u>City</u></th><th><u>State</u></th><th><u>Zip</u></th></tr></thead><tbody><tr><td>MANAGER</td><td>JOHN A. COLEMAN</td><td>PO Box 1293</td><td>TWIN FALLS</td><td>ID</td><td>83303-1293</td></tr></tbody></table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	MANAGER	JOHN A. COLEMAN	PO Box 1293	TWIN FALLS	ID	83303-1293
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
MANAGER	JOHN A. COLEMAN	PO Box 1293	TWIN FALLS	ID	83303-1293									
5. Organized Under the Laws of: IDAHO W 40938	6. Signature <u><i>John A. Coleman</i></u> Date <u>12 May 08</u> Name (Typed or Printed) <u>JOHN A. COLEMAN</u> Title <u>MANAGER</u>													

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