No. <b>W 110364</b>		Due no later than Jan 31, 2017		2. Reg	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  AGRESTIC FARMS, LLC  KALEIGH PERRY  1659 BARNARD LN  FRUITLAND ID 83619		165	KALEIGH PERRY 1659 BARNARD LN FRUITLAND ID 83619  3. New Registered Agent Signature:*			
				3. <u>Nev</u>				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	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
MANAGER	KALEIGH Y	PERRY	1659 Barnard LN	FRUI	TLAND	ID	USA	83619
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Kaleigh Y. Perry			Date: 02/28/2017			
W 110364		Name (type or print): Kaleigh Y. Perry			Title: Owner			
Processed 02/28/2017 * Electronically provided signatures are accepted as original signatures.								