

No. W 181227	Due no later than Apr 30, 2018 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. JMP OLSEN FARM, LLC PAMELA S OLSEN 619 CRESTVIEW DR TWIN FALLS ID 83301		PAMELA S OLSEN 619 CRESTVIEW DR TWIN FALLS ID 83301			
			3. <u>New</u> 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	PAMELA S OLSEN	619 CRESTVIEW DR	TWIN FALLS	ID	USA	83301
MEMBER	JON A OLSEN	619 CRESTVIEW DR	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID W 181227	6. Annual Report must be signed.* Signature: Pamela S Olsen Name (type or print): Pamela S Olsen		Date: 05/19/2018 Title: Member			
Processed 05/19/2018		* Electronically provided signatures are accepted as original signatures.				