No. **W 61306**	**Due no later than Apr 30, 2015**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** CWS FARMS LLC BRYAN SEARLE PO BOX H SHELLEY ID 83274	JARED WATTENBARGER 640 S STATE ST SHELLEY 83274 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	SCOTT SEARLE	959 E 1400 N	SHELLEY	ID		83274
MEMBER	BRYAN SEARLE	538 EAST 1250 NORTH	SHELLEY	ID		83274
MEMBER	BART WATTENBARGER	1296 NORTH 950 EAST	SHELLEY	ID		83274

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 61306**	Signature: Bryan Searle	Date: 02/17/2015
	Name (type or print): Bryan Searle	Title: member

Processed 02/17/2015

* Electronically provided signatures are accepted as original signatures.