No. W 41188	Due no later than Jul 31, 2013		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form			JUNE E HEILMAN MD			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. SAGEWIND FARM, LLC JUNE E HEILMAN MD 8930 BUCKSKIN RD POCATELLO ID 83201-9109		POCATELLO	8930 BUCKSKIN RD POCATELLO ID 83201-9109 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter Na	ames and Addresse	es of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER JUNE E HEILMAN MD		8930 BUCKSKIN RD	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature: June E Heilman			Date: 06/21/2013			
W 41188	Name (type or print): June E Heilman			Title: President			
Processed 06/21/2013	* Electronically provided signatures are accepted as original signatures.						