



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 04/30/2021

Return completed form within 30 days to:

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83720

Phone: (208) 334-2300

Annual Report: No filing fee if received by the due date.

SOS Control Number: 49703

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 04/21/2000

Formation Locale: ID

Name and Mailing Address:

INGLING FARMS, LLC

PO BOX 538

ASHTON, ID 83420-0538

(1) Add or Change Mailing Address:

Registered Agent (RA) and Registered Office (RO) Address:

JOANN G RICHARDS

1421 N 3650 E

ASHTON, ID 83420

(2) Change RA and/or RO Address:

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	JoAnn Richards	1421 N 3650 E	Ashton, ID 83420
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Alex J. Richards	3906 Hayden Way	Boise, ID 83705
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem	Janelyn R. Edwards	7175 S. Bowman	Idaho Falls, ID 83406
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem	Laura R. Wollan	12166 W Touchrock Lane	Kuna, ID 83634
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

JoAnn Richards

(6) Date:

May 3, 2021

(7) Type/Print Name:

JoAnn G. Richards

(8) Title:

Manager

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

B0594-7715 05/06/2021 10:08 AM Received by ID Secretary of State Lawrence Denney