

No. W 8337	Due no later than Mar 31, 2003 Annual Report Form	2. Registered Agent and Office NO PO BOX KATHLEEN KOON 7455 W 4000 S REXBURG, ID 83440																								
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 applicable C K P FARMS, LLC KATHLEEN KOON 7455 W 4000 S REXBURG, ID 83440	3. <u>New</u> Registered Agent Signature																								
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Office held</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Street or P.O. Address</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>City</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>State</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Coleen Wilson</td> <td>3654 W. 6800 S.</td> <td>Rexburg</td> <td>ID</td> <td>83440</td> </tr> <tr> <td>Manager</td> <td>Kathleen Koon</td> <td>7455 W. 4000 S.</td> <td>Rexburg</td> <td>ID</td> <td>83440</td> </tr> <tr> <td>Manager</td> <td>Pamela Smith</td> <td>5605 S. 3100 W.</td> <td>Rexburg</td> <td>ID</td> <td>83440</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Coleen Wilson	3654 W. 6800 S.	Rexburg	ID	83440	Manager	Kathleen Koon	7455 W. 4000 S.	Rexburg	ID	83440	Manager	Pamela Smith	5605 S. 3100 W.	Rexburg	ID	83440
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