

No. <b>W 25495</b>		<b>Due no later than Aug 31, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  GOTT FARMS, LLC MIKE GOTTE 915 SKELETON BUTTE EDEN ID 83325 USA		MICHAEL D GOTTE 915 SKELETON BUTTE EDEN ID 83325			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	JOHN M GOTTE	825 CAPRI	TWIN FALLS	ID	USA	83301	
MEMBER	KINSEY L SOKOL	1406 OWENS	BOISE	ID	USA	83704	
MEMBER	MICHELLE R BERNAS	11902 W DRIFTWOOD COURT	BOISE	ID	USA	83713	
MEMBER	CALLIE L RUHTER	1091 WIRSCHING AVE W	TWIN FALLS	ID	USA	83301	
MEMBER	MICHAEL D GOTTE	915 SKELETON BUTTE	EDEN	ID	USA	83325	
MEMBER	IRVA DEE GOTTE	915 SKELETON BUTTE	EDEN	ID	USA	83325	
5. Organized Under the Laws of:  <b>ID</b> <b>W 25495</b>		6. Annual Report must be signed.*  Signature: Mike Gott Name (type or print): Mike Gott					
		Date: 07/10/2014 Title: President					
Processed 07/10/2014		* Electronically provided signatures are accepted as original signatures.					