

No. W 99542	Due no later than Jan 31, 2018 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) THOMAS E GIBSON 456 3RD ST E HANSEN ID 83334
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. L & O FARMS AND STORAGE, LLC THOMAS E GIBSON 456 3RD ST E HANSEN ID 83334		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Thomas E Gibson	456 3rd St E	Hansen	ID	USA	83334
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Ordner Nelson	1928 Tamarac	Twin Falls	ID	USA	83301
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Lynnette Thompson	2514 Town Point	Twin Falls	ID	USA	83301
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 99542 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Thomas E Gibson</u> Name (type or print): <u>Thomas E. Gibson</u> </td> <td style="width: 40%;"> Date: <u>1-2-17</u> Title: <u>Manager</u> </td> </tr> </table>	Signature: <u>Thomas E Gibson</u> Name (type or print): <u>Thomas E. Gibson</u>	Date: <u>1-2-17</u> Title: <u>Manager</u>
Signature: <u>Thomas E Gibson</u> Name (type or print): <u>Thomas E. Gibson</u>	Date: <u>1-2-17</u> Title: <u>Manager</u>		

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM