| No. W 37693 | | Due no later than Mar 31, 2017 | | 2. I | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-----------------|--|---------------------------------------|-------------|---|-------|---------|-------------|
| Return to: | | Annual Report Form | | | JON S IVERSON 2419 RAY AVE CALDWELL ID 83605-5252 | | | |
| 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 needed. J.M. GRACE FARMS, L.L.C. JON S IVERSON 2419 RAY AVE CALDWELL ID 83605-5252 USA | | | | | | |
| | | | | | | | | |
| | | | | 3. <u>I</u> | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | | | | | | | |
| 4. Limited Liability Companies: | Enter Nar | nes and Address | es of at least one Member or Manager. | | | | | |
| Office Held Na | Name | | Street or PO Address | Ci | ity | State | Country | Postal Code |
| MANAGER JOI | JON S IVER | | SON 2419 RAY AVE | | ALDWELL | ID | USA | 83605 |
| MANAGER LIN | LINDA L IVERSON | | 2419 RAY AVE | C/ | ALDWELL | ID | USA | 83605 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 37693 | | Signature: Jon S. Iverson Date: 03/ | | | | | 23/2017 | |
| | | Name (type or print): Jon S. Iverson Title: owner | | | | | | |
| Processed 03/23/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |