No. **W 58065**	**Due no later than Jan 31, 2012** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
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 needed.** BURKE FARMS AND TRUCKING LLC TODD BURKE 839 W 100 N BLACKFOOT ID 83221	W TODD BURKE 839 W 100 N BLACKFOOT ID 83221 3. New 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
MANAGER	TODD BURKE	839 W 100 N	BLACKFOOT	ID	USA	83221
MANAGER	VIRGINIA BURKE	839 W 100 N	BLACKFOOT	ID	USA	83221

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 58065**	Signature: Todd Burke	Date: 11/11/2011
	Name (type or print): Todd Burke	Title: Manager

Processed 11/11/2011

* Electronically provided signatures are accepted as original signatures.