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| No. W 8337 | | Due no later than Mar 31, 2018 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. C K P FARMS, LLC KATHLEEN KOON 7455 W 4000 S REXBURG ID 83440 | | 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 at least one Member or Manager. | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country Postal Code |
| MANAGER | KATHLEEN KOON | 7455 W 4000 S | REXBURG | ID | 83440 |
| MANAGER | COLENE WILSON | 3654 W 6800 S | REXBURG | ID | 83440 |
| MANAGER | JASON SMITH | 159TH ST SW | EDMONDS | WA | 98026 |
| MANAGER | AC SMITH | 3263 W 5200 S | REXBURG | ID | 83440 |
| MANAGER | ANGELA SMITH | 1411 W 7TH AVE APT 1 | SPOKANE | WA | 99204 |
| 5. Organized Under the Laws of: ID W 8337 | | 6. Annual Report must be signed.* Signature: Kathleen Koon Name (type or print): Kathleen Koon Date: 03/19/2018 Title: Manager | | | |
| Processed 03/19/2018 | | * Electronically provided signatures are accepted as original signatures. | | | |