

No. **W 119928**

Due no later than Dec 31 2014
Annual Report Form

2. Registered Agent and Office
(NOT A P.O. BOX)

TIMOTHY J STOVER
905 SHOSHONE ST N
TWIN FALLS ID 83301

Return to:

SECRETARY OF STATE
450 N 4th STREET
PO BOX 83720
BOISE, ID 83720-0080

1. **Mailing Address: Correct in this** **if needed.**
SIEVERS FAMILY FARMING, LLC
HERMAN F. SIEVERS
3466 E 3500 N
KIMBERLY ID 83341

**NO FILING FEE IF
RECEIVED BY DUE
DATE**

3. new Registered Agent Signature.

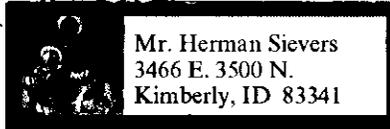
4. **Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.**

Manager or Member Name Street or PO Address City State Country Postal Code

Manager Member *owner*

owner

Manager Member



Mr. Herman Sievers
3466 E. 3500 N.
Kimberly, ID 83341

owner

Manager Member

Manager Member

5. Organized Under the Laws of:

**IDAHO
W 119928**

6.

Signature:

Herman F. Sievers

Date:

3/12/15

Name (type or print):

Herman F. Sievers

Title:

OWNER