

No. <b>W 140145</b>	<b>Due no later than Jul 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> STEPHEN H TELFORD 1303 12TH AVE S NAMPA ID 83651
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> WADE FAIRCHILD FARM LLC PO BOX 324 BUHL ID 83316		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"/> <i>LEAD FAIRCHILD</i> <i>P.O. Box 324</i> <i>BUHL ID. TWIN FALLS</i> <i>83316</i>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:  <div style="text-align: center; font-size: large;">             IDAHO              W 140145           </div>		6. Signature: <i>[Signature]</i> Date: <i>7-28-15</i> Name (type or print): <i>LEAD FAIRCHILD</i> Title: <i>PRES-MGR.</i>	
Issued 06/29/2015 by TLB		110179	

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Do not alter the name of the company on this form. Pay special attention to the mailing address. If the