No. <b>W 57015</b>		Due no later than Dec 31, 2014		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		LARRY SIMMONS				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  L. SIMMONS FARMS LLC LARRY SIMMONS 39 PROFESSIONAL PLAZA REXBURG ID 83440		385 S 1ST E BANCROFT 83217  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		USA	and the second s					
Office Held		mes and Address	es of at least one Member or Manager	•	Cib	Ctata	Country	Doctal Code
MANAGER	Name LARRY SIMN	40NC	Street or PO Address PO BOX 36		City BANCROFT	State ID	Country	Postal Code 83217
MANAGER	LARRY SIMI	YONS	PO BOX 30		DANCKOFI	10		03217
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: LARRY SIMMONS			Date: 10/15/2014			
W 57015		Name (type or print): LARRY SIMMONS			Title: MANAGER			
Processed 10/15/2014 * Electronically provided signatures are accepted as original signatures.								