No. <b>W 42825</b>		Due no later than Sep 30, 2011	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  KONEN FARMS, LLC  ROBERT KONEN  32073 WAHA RD  LEWISTON ID 83501	ROBERT KONEN 32073 WAHA RD LEWISTON ID 83501  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
200 201 2		and Addresses of at least one Member or Manager. Street or PO Address	Cib.	Ctata	Country	Postal Code
MANAGER ROE	ne Bert Konen LLY Konen		City LEWISTON LEWISTON	State ID ID	Country USA USA	83501 83501
5. Organized Under the Laws of:  ID  W 42825		Annual Report must be signed.* Signature: Robert Konen Name (type or print): Robert Konen	Date: 08/06/2011 Title: Manager			
Processed 08/06/2011	* E	* Electronically provided signatures are accepted as original signatures.				