

No. W 35493	Due no later than Dec 31, 2017 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. FASSIG FARMS, LLC DR SAMUEL FASSIG 9212 S TALON LANE BOISE ID 83709		DR SAMUEL FASSIG 9212 STALON LN BOISE ID 83709-7830			
			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	SAMUEL M FASSIG DVM MA CIRM	9212 S TALON LANE	BOISE	ID		83709
MANAGER	ELIZABETH I FASSIG MS PSYD	9212 S TALON LANE	BOISE	ID		83709
5. Organized Under the Laws of: ID W 35493	6. Annual Report must be signed.* Signature: Dr Samuel M Fassig Name (type or print): Dr Samuel M Fassig		Date: 12/18/2017 Title: owner			
Processed 12/18/2017		* Electronically provided signatures are accepted as original signatures.				