



# Idaho Limited Liability Company Annual Report Form

File online at: [sosbiz.idaho.gov](http://sosbiz.idaho.gov)

Due no later than: 07/31/2022

For Office Use Only  
 Return completed form within 30 days to:  
 Idaho Secretary of State  
 Attn: Ann File # 0004795521  
 450 North 4th Street  
 Boise, ID 83720  
 Date Filed: 6/27/2022 1:45:00 PM  
 Phone: (208) 334-2300

**Annual Report: No filing fee if received by the due date.**

SOS Control Number: 428746

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 07/31/2014

Formation Locale: ID

**Name and Mailing Address:**

(1) Add or Change Mailing Address:

MEEKS FARMING, LLC  
6 S 800 E  
JEROME, ID 83338-5718

**Registered Agent (RA) and Registered Office (RO) Address:**

(2) Change RA and/or RO Address:

DIANE MEEKS  
6 S 800 E  
JEROME, ID 83338

Note: The Registered Office address must be a physical Idaho address (no postal box).

**(3) New Registered Agent (RA) Signature:**

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

| Manager/Member   | Name               | Business Address  | City, State, Zip    |
|--|--------------------|-------------------|---------------------|
| <input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem | James David Meeks  | 06 South 800 East | Jerome, Idaho 83338 |
| <input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem | Diane Sawyer Meeks | 06 South 800 East | Jerome, Idaho 83338 |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |                    |                   |                     |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |                    |                   |                     |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |                    |                   |                     |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |                    |                   |                     |
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| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |                    |                   |                     |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |                    |                   |                     |

(5) Signature: Diane Sawyer Meeks

(6) Date: 6-25-22

(7) Type/Print Name: DIANE Sawyer Meeks

(8) Title: Member

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

B0719-1030 06/27/2022 1:45 PM Received by ID Secretary of State Lawrence Denney