

No. W 8337		Due no later than Mar 31, 2009 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		1. Mailing Address: Correct in this box if needed. C K P FARMS, LLC KATHLEEN KOON 7455 W 4000 S REXBURG ID 83440		KATHLEEN KOON 7455 W 4000 S REXBURG ID 83440			
NO FILING FEE IF RECEIVED BY DUE DATE				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	KATHLEEN KOON	7455 W 4000 S	REXBURG	ID	USA	83440	
MANAGER	COLENE WILSON	3654 W 6800 S	REXBURG	ID	USA	83440	
MANAGER	JASON SMITH	159TH ST SW	EDMONDS	WA	USA	98026	
MANAGER	AC SMITH	3263 W 5200 S	REXBURG	ID	USA	83440	
MANAGER	ANGELA SMITH	1411 W 7TH AVE APT 1	SPOKANE	WA	USA	99204	
5. Organized Under the Laws of: ID W 8337		6. Annual Report must be signed.* Signature: Kathleen Koon Name (type or print): Kathleen Koon					
		Date: 01/25/2009 Title: Manager					
Processed 01/25/2009		* Electronically provided signatures are accepted as original signatures.					