


No. W 3210	Due no later than Dec 31, 2012 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) CHARLES J SHACKELFORD 1400 S 3450 W ABERDEEN ID 83210
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SHACKELFORD FARMS, L.L.C. CHARLES J SHACKELFORD PO BOX 310 ABERDEEN ID 83210		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Street or PO Address City State Country Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Charles Shackelford P.O. Box 310 Aberdeen Ida Bingham 83210		
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Brad Shackelford 2954 W 1500 S Aberdeen Ida Bingham 83210		
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Lance Shackelford 2950 W 1500 S Aberdeen ID. Bingham 83210		
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Carmay Shackelford 3450 W. 1400 S. Aberdeen Id. Bingham 83210		
5. Organized Under the Laws of: <div style="text-align: center; font-size: large;"> IDAHO W 3210 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature:  Name (type or print): Charles Shackelford </div> <div style="width: 35%;"> Date: 11/6/12 Title: Manager </div> </div>	
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM