No. W 114514		Due no later than Jun 30, 2015		2. Registered /	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			WAYNE THOMPSON 1205 WELLESLEY RD VIOLA ID 83872 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SHAMROCK MEADOWS FARM AND ORCHARD, L.L.C. WAYNE OR EVELYN THOMPSON 1205 WELLESLEY RD VIOLA ID 83872		VIOLA ID				
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Comp	anies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER EVELYN THOMPS		OMPSON	1205 WELLESLEY RD	VIOLA	ID	USA	83872	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: W		Date: 04/22/2015				
W 114514		Name (type o	r print): Wayne Thompson		Title: Owner			
Processed 04/22/2015 * Electronically provided signatures are accepted as original signatures.								