

No. <b>W 7943</b>		<b>Due no later than Feb 28, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  SEELEY FARMS, L.L.C. ARNOLD L SEELEY POB 925 BLACKFOOT ID 83221		ARNOLD L SEELEY 613 W 100 S BLACKFOOT 83221			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	ARNOLD L SEELEY	PO BOX 925	BLACKFOOT	ID	83221		
MANAGER	ALVIN H SEELEY	PO BOX 654	ASHTON	ID	83420		
MANAGER	ERNEST R. SEELEY	PO BOX 752	ASHTON	ID	83420		
5. Organized Under the Laws of:  <b>ID</b> <b>W 7943</b>		6. Annual Report must be signed.*  Signature: Arnold L. Seeley Name (type or print): Arnold L. Seeley					
		Date: 12/23/2014 Title: Manager					
Processed 12/23/2014      * Electronically provided signatures are accepted as original signatures.							