

No. <b>W 164836</b>	<b>Due no later than Apr 30, 2018</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>  MOUNTAIN ROOTS ORCHARD LLC MOUNTAIN ROOTS ORCHARD LLC 5143 HWY 95 NEW MEADOWS ID 83654 USA		YAVONNA KOMMINANI 5143 HWY 95 NEW MEADOWS ID 83654				
<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 MEMBER	Name GAUTAM KOMMINANI	Street or PO Address 5143 HWY 95	City NEW MEADOWS	State ID	Country USA	Postal Code 83654	
5. Organized Under the Laws of:  <b>ID</b> <b>W 164836</b>	6. Annual Report must be signed.*  Signature: GAUTAM KOMMINANI Name (type or print): GAUTAM KOMMINANI					Date: 03/01/2018 Title: Member	
Processed 03/01/2018	* Electronically provided signatures are accepted as original signatures.						