No. W 8337		Due no later than Mar 31, 2008			2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 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 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companie	s: Enter Nar	nes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
	KATHLEEN KOON COLENE WILSON		7455 W 4000 S 3654 W 6800 S		REXBURG REXBURG	ID ID	USA USA	83440 83440
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Kathleen Koon		Date: 04/03/2008				
W 8337		Name (type or print): Kathleen Koon			Title: Manager			
Processed 04/03/2008		* Electronically provided signatures are accepted as original signatures.						