



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 02/28/2020

Return completed form within 30 days to:

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83720

Phone: (208) 334-2300

Annual Report: No filing fee if received by the due date.

SOS Control Number: 411324

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 02/24/2014

Formation Locale: ID

Name and Mailing Address:

HURLBERT FARMS, LLC
PO BOX 156
DEARY, ID 83823-0156

(1) Add or Change Mailing Address:

Registered Agent (RA) and Registered Office (RO) Address:

DARIN ANDERSON
916 1ST AVE
DEARY, ID 83823

(2) Change RA and/or RO Address:

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

If a new agent is appointed in item (2) above the new agent must sign here to accept the appointment

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

| Manager/Member | Name | Business Address | City, State, Zip |
|----------------------------------------------------------------------|------------------|-------------------|-------------------|
| <input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem | DARIN ANDERSON | 916 1st AVE | DEARY ID 83823 |
| <input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem | DALE E ANDERSON | 1511 6th AVE | LEWISTON ID 83501 |
| <input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem | VICKI L ANDERSON | 10731 15th AVE NE | SEATTLE, WA 98125 |
| <input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem | NANCY L ANDERSON | 10731 15th AVE NE | SEATTLE, WA 98125 |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |
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| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |

(5) Signature: Darin E. Anderson

(6) Date: 3-2-20

(7) Type/Print Name: DARIN E. ANDERSON

(8) Title: MGR

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

B0473-8348 03/12/2020 10:15 AM Received by ID Secretary of State Lawrence Denney