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| No. W 119159 | | Due no later than Nov 30, 2017 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. HARLAN MOUNTAIN FARMS, LLC TIM HARLAN PO BOX B BONNERS FERRY ID 83805 | | TIM HARLAN 4685 TURNER HILL RD BONNERS FERRY ID 83805 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held MANAGER | Name TIM L HARLAN | Street or PO Address 4685 TURNER HILL ROAD | | City BONNERS FERRY | State ID | Country USA | Postal Code 83805 |
| 5. Organized Under the Laws of: ID W 119159 | | 6. Annual Report must be signed.* Signature: Tim Harlan Name (type or print): Tim Harlan Date: 09/18/2017 Title: Manager | | | | | |
| Processed 09/18/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | |