No. **W 110364**	**Due no later than Jan 31, 2016** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** AGRESTIC FARMS, LLC KALEIGH PERRY 1659 BARNARD LN FRUITLAND ID 83619	KALEIGH PERRY 1659 BARNARD LN FRUITLAND ID 83619 3. New 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	KALEIGH Y PERRY	1659 BARNARD LN	FRUITLAND	ID	USA	83619

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 110364**	Signature: Kaleigh Perry	Date: 02/23/2016
	Name (type or print): Kaleigh Perry	Title: Owner

Processed 02/23/2016

* Electronically provided signatures are accepted as original signatures.