No. W 114514		Due no later than Jun 30, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		WAYNE THOMPSON 1205 WELLESLEY RD VIOLA ID 83872			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed. SHAMROCK MEADOWS FARM AND ORCHARD, L.L.C. WAYNE OR EVELYN THOMPSON 1205 WELLESLEY RD VIOLA ID 83872					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	WAYNE OR						
	VIOLA ID 8			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter N	lames and Address	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER EVELYN THOMPSON		1205 WELLESLEY RD	VIOLA	ID	USA	83872	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature: V	Signature: Wayne Thompson		Date: 05/03/2016			
W 114514	Name (type	Name (type or print): Wayne Thompson		Title: Owner			
Processed 05/03/2016	* Electronically provided signatures are accepted as original signatures.						