No. <b>W 16657</b>		Due no la	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			W ROBERT LEMKE			
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.  RALPH NAYLOR FARMS, LLC W. ROBERT LEMKE 1740 E. FAIRVIEW AVE # 203 MERIDIAN ID 83642-5702 USA		MERIDIAN ID	1740 E. FAIRVIEW AVE # 203 MERIDIAN ID 83642  3. New Registered Agent Signature:*			
4. Limited Liability Compa	anies: Enter Na	mes and Addresses of at I	least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	W. ROBERT	(MIDDLE_NAME) LEMKE	1740 E. FAIRVIEW AVE # 203 (ADDRESS_2)	MERIDIAN	ID	USA	83642-5702	
MEMBER	J. BRENT TH	HOMSON	588 CRESTLINE CIRCLE DRIVE	LEWISTON	ID	USA	83501	
MEMBER	TRAVIS M	LEMKE	1740 E. FAIRVIEW AVE # 203	MERIDIAN	ID	USA	83642-5702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 16657		Signature: W. Robert Lemke		Date: 09/09/2014				
		Name (type or print): W. Robert Lemke		Title: Manager Member				
Processed 09/09/2014 * Electronically provided signatures are accepted as original signatures.						•		