

No. <b>W 8337</b>		<b>Due no later than Mar 31, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  C K P FARMS, LLC KATHLEEN KOON 7455 W 4000 S REXBURG ID 83440		KATHLEEN KOON 7455 W 4000 S REXBURG ID 83440			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> 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	KATHLEEN KOON	7455 W 4000 S	REXBURG	ID	83440		
MANAGER	COLENE WILSON	3654 W 6800 S	REXBURG	ID	83440		
MANAGER	JASON SMITH	159TH ST SW	EDMONDS	WA	98026		
MANAGER	AC SMITH	3263 W 5200 S	REXBURG	ID	83440		
MANAGER	ANGELA SMITH	1411 W 7TH AVE APT 1	SPOKANE	WA	99204		
5. Organized Under the Laws of:  <b>ID</b> <b>W 8337</b>		6. Annual Report must be signed.*  Signature: Kathleen Koon Name (type or print): Kathleen Koon					
		Date: 02/06/2016 Title: Manager					
Processed 02/06/2016		* Electronically provided signatures are accepted as original signatures.					