No. **W 50660**	**Due no later than May 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.** NATURE'S TABLE FARM, LLC KATRINA D PAVLOVICH PO BOX 411 HORSESHOE BEND ID 83629-0411 USA	INCORP SERVICES, INC. 1524 S VISTA AVE STE 12 BOISE ID 83705 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	KATRINA D PAVLOVICH	10100 SHELLEY AVE	HORSESHOE BEND	ID		83629

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: Katrina D Pavlovich	Date: 05/02/2016
W 50660	Name (type or print): Katrina D Pavlovich	Title: Manager

Processed 05/02/2016

* Electronically provided signatures are accepted as original signatures.