

No. <b>W 69315</b>	Due no later than Dec 31, 2009 Annual Report Form		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) LYNDA LEZAMIZ-TABER 1027 E 720 N RICHFIELD ID 83349	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address: Correct in this box if needed. LEZAMIZ FARMS, LLC  1027 E 720 N RICHFIELD ID 83349		3. <u>New</u> Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.				
Office Held	Name	Street or PO Address	City	State Country Postal Code
Manager	Lynda Lezamiz-Taber	1027 E, 720 N	Richfield,	Idaho USA 83349
Manager	Robin Lezamiz	1027 E, 720 N	Richfield,	Idaho USA 83349
5. Organized Under the Laws of:  <b>IDAHO W 69315</b>		6. Signature: <u>Lynda Lezamiz-Taber</u> Date: <u>12-3-9</u> Name (type or print): <u>Lynda Lezamiz-Taber</u> Title: <u>manager</u>		
Issued 11/23/2009 by CLH		200912009902		

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**