

No. <b>W 150247</b>	Due no later than Apr 30, 2016 Annual Report Form		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> SUSIE SKINNER 524 SUNRISE BLVD N TWIN FALLS ID 83301																																			
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. <b>Mailing Address: Correct in this box if needed.</b> JOE SKINNER FARM, LLC SUSIE SKINNER 524 SUNRISE BLVD N TWIN FALLS ID 83301		3. <u>New</u> Registered Agent Signature.																																
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>David E Skinner</td> <td>517 Eastgate Dr</td> <td>Twin Falls</td> <td>Idaho</td> <td></td> <td>83301</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	David E Skinner	517 Eastgate Dr	Twin Falls	Idaho		83301	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 150247</b>		6. Signature: <u>Susie M. Skinner</u> Date: <u>5-31-16</u> Name (type or print): <u>Susie Skinner</u> Title: <u>owner</u>																																				

Form 150247-01/02/2015 by online

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