

No. W 134675	Due no later than Feb 28, 2018 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) DARIN ANDERSON 916 1ST AVE DEARY ID 83823																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. HURLBERT FARMS, LLC PO BOX 156 DEARY ID 83823	3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Manager or Member</th> <th style="width:15%;">Name</th> <th style="width:30%;">Street or PO Address</th> <th style="width:10%;">City</th> <th style="width:10%;">State</th> <th style="width:10%;">Country</th> <th style="width:10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>DARIN ANDERSON</td> <td>P.O. Box 156</td> <td>DEARY</td> <td>ID</td> <td>LATAH</td> <td>83823</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>NANCY ANDERSON</td> <td>10731 15TH AVE. N.E.</td> <td>SEATTLE</td> <td>WA</td> <td></td> <td>98125</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>VICKI L. ANDERSON</td> <td>10731 15TH AVE. N.E.</td> <td>SEATTLE</td> <td>WA</td> <td></td> <td>98125</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>DALE E. ANDERSON</td> <td>10731 15TH AVE 1511 6TH AVE</td> <td>LEWISTON</td> <td>ID</td> <td></td> <td>83501</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"/>	DARIN ANDERSON	P.O. Box 156	DEARY	ID	LATAH	83823	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	NANCY ANDERSON	10731 15 TH AVE. N.E.	SEATTLE	WA		98125	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	VICKI L. ANDERSON	10731 15 TH AVE. N.E.	SEATTLE	WA		98125	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	DALE E. ANDERSON	10731 15TH AVE 1511 6 TH AVE	LEWISTON	ID		83501
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5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;"> IDAHO W 134675 </div>	6. Signature: <u><i>Darin E. Anderson</i></u> Date: <u>02-28-18</u> Name (type or print): <u>DARIN E. ANDERSON</u> Title: <u>PARTNER</u>																																				