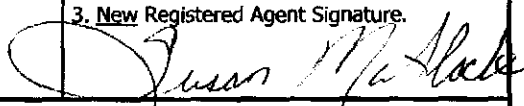



No. W 108901 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Dec 31, 2017 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) MELISSA KLUCKEN 106 E 420 N SHOSHONE ID 83352 3. New Registered Agent Signature. 																																			
1. Mailing Address: Correct in this box if needed. TRIANGLE A FARMS, LLC MELISSA KLUCKEN 106 E 420 N SHOSHONE ID 83352 Susan Matlock 87 E 420 N Shoshone, ID 83352																																					
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: 25%;">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: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Susan Matlock</td> <td>87 E 420 N</td> <td>Shoshone</td> <td>ID</td> <td>USA</td> <td>83352</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Melissa Klucken</td> <td>94 E 420 N</td> <td>Shoshone</td> <td>ID</td> <td>USA</td> <td>83352</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Robert Arrate</td> <td>1695 N. Doe Ave</td> <td>Kuna</td> <td>ID</td> <td>USA</td> <td>83352</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 checked="" type="checkbox"/>	Susan Matlock	87 E 420 N	Shoshone	ID	USA	83352	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Melissa Klucken	94 E 420 N	Shoshone	ID	USA	83352	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Robert Arrate	1695 N. Doe Ave	Kuna	ID	USA	83352	Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 108901		6. Signature:  Date: 10-19-2017 Name (type or print): Susan Matlock Title: Partner / Manager																																			

Issued 10/19/2017 by online

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM