No. C 70011		Due no later than Jun 30, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. LOST RIVERS FARM BUREAU, INC. PAIGE MCAFFEE P O BOX 824 ARCO ID 83213		2. Registered Ag	2. Registered Agent and Address (NO PO BOX) DAVID R CALLISTER 1454 W 3700 N HOWE ID 83244 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				1454 W 3700				
4. Corporations: Enter Na	mes and Busin	ess Addresses of P	resident, Secretary, and Directors. Trea	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	MOJ BROADIE		3317 W 3700 N	MOORE	ID	USA	83255	
SECRETARY	JACKIE STEWART		2700 N 3405 W	MOORE	ID	USA	83255	
DIRECTOR	PAM KELLY		3668 W 3550 N	MOORE	ID	USA	83255	
VICE PRESIDENT	MARCUS D KELLY		3668 W 3550 N	MOORE	ID	USA	83255	
PRESIDENT	PAIGE MCAFFEE		1293 W 3700 N	HOWE	ID	USA	83244	
DIRECTOR	SHAWN ANDERSON		3650 N 3650 W	DARLINGTON	ID	USA	83255	
DIRECTOR	TRAVIS MCAFFEE		1293 W 3700 N	HOWE	ID	USA	83244	
DIRECTOR	DAVID R CA	ALLISTER	1454 W 3700 N	HOWE	ID	USA	83244	
5. Organized Under the Laws of: 6.		6. Annual Report must be signed.*						
ID C 70011		Signature: Paige McAffee			Date: 05/14/2018			
		Name (type or print): Paige McAffee			Title: President			
Processed 05/14/2018		* Electronically pro	ovided signatures are accepted as origin	al signatures.				