

No. W 134675	Due no later than Feb 28, 2017 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.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	DARIN ANDERSON	916 1ST AVE DEARY ID	LATAH			83823
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	VICKI LYNN ANDERSON	10731 15TH AVENUE SEATTLE WA				98125
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	NANCY LEE ANDERSON	10731 15TH AVE NE SEATTLE WA				98125
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	DALE ANDERSON	1511 6TH AVE LEWISTON ID				83507

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;"> IDAHO W 134675 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: </td> <td style="width: 40%;"> Date: <u>FEB 28-17</u> </td> </tr> <tr> <td> Name (type or print): <u>DARIN E. ANDERSON</u> </td> <td> Title: <u>PARTNER</u> </td> </tr> </table>	Signature:	Date: <u>FEB 28-17</u>	Name (type or print): <u>DARIN E. ANDERSON</u>	Title: <u>PARTNER</u>
Signature:	Date: <u>FEB 28-17</u>				
Name (type or print): <u>DARIN E. ANDERSON</u>	Title: <u>PARTNER</u>				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM