No. <b>W 64767</b>		Due no later than Jul 31, 2014 Annual Report Form  1. Mailing Address: Correct in this box if needed.  HEWARD FARMS L.L.C. CLINTEN W HEWARD PO BOX 93 DECLO ID 83323		2. Registered	2. Registered Agent and Address (NO PO BOX)  CLINTEN HEWARD  15 E MAIN ST DECLO ID 83323  3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				15 E MAIN DECLO ID				
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar				J. <u>INCVV</u> ICCIDI	ered Agent 3	igriature.		
Office Held	Name	nes and Addres	Street or PO Address	City	State	Country	Postal Code	
MANAGER MANAGER	CLINTEN HEWARD LAYNE HEWARD		PO BOX 93 709 H STREET	DECLO RUPERT	ID ID	USA USA	83323 83350	
5. Organized Under the Laws of:		6. Annual Repo	ort must be signed.*					
ID W 64767		Signature: clintenm Heward			Date: 06/23/2014			
		Name (type	or print): clintenm Heward		Title: Manager			
Processed 06/23/2014		* Electronically	provided signatures are accepted as origin	al signatures.				