No. <b>W 95300</b>	Due no later than Aug 31, 2013	2. Registered Agent and Address (NO PO BOX)	
Return to:	Annual Report Form	JOHN A COLEMAN	
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if	if needed. 401 GOODING ST N STE 201 TWIN FALLS ID 83301	
	EME CUSTOM FARMING, LLC TED L. REA PO BOX 1293	TWIN FALLS ID 63301	
	TWIN FALLS ID 83303	3. New Registered Agent Signature:*	
NO FILING FEE IF RECEIVED BY DUE DATE			
4. Limited Liability Companies: Ent	r Names and Addresses of at least one Member or Mar	anager.	
Office Held Name	Street or PO Address	City State Country Postal Co	de
MEMBER DOROT	HY REA 4142 SHOSHONE FALLS	LS GRADE TWIN FALLS ID USA 83301	
MEMBER TED L.	REA 4142 SHOSHONE FALLS	LS GRADE TWIN FALLS ID USA 83301	
5. Organized Under the Laws of:	6. Annual Report must be signed.*		
ID	Signature: John Coleman	Date: 08/27/2013	
W 95300	Name (type or print): John Coleman Title: Agent		
Processed 08/27/2013	* Electronically provided signatures are accepted	d as original signatures.	