

No. W 103849	Due no later than Jun 30, 2016 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) DAVID WRUBLIK 3133 HWY 21 BOISE ID 83716																																			
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. DW FARMS LLC DAVID WRUBLIK 3133 HWY 21 BOISE ID 83716	3. <u>New</u> Registered Agent Signature.																																		
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																					
<table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>David Wrublik</td> <td>3133 Hwy 21</td> <td>Boise</td> <td>ID</td> <td></td> <td>83716</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Jill Wrublik</td> <td>3133 Hwy 21</td> <td>Boise</td> <td>ID</td> <td></td> <td>83716</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Jacinta Rutledge</td> <td>6842 West River View Dr</td> <td></td> <td></td> <td></td> <td>COBUE D'ALENE ID 83816</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"/>	David Wrublik	3133 Hwy 21	Boise	ID		83716	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jill Wrublik	3133 Hwy 21	Boise	ID		83716	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jacinta Rutledge	6842 West River View Dr				COBUE D'ALENE ID 83816	Manager <input type="checkbox"/> Member <input type="checkbox"/>								
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5. Organized Under the Laws of: IDAHO W 103849	6. Signature: <u><i>David Wrublik</i></u> Name (type or print): _____ Date: <u>7-22-16</u> Title: _____																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.