

| | | | | | | | |
|--|-----------------------------|---|----------------|--|---------|-----------------------|--|
| No. W 8416 | | Due no later than Apr 30, 2016 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. KBC FARMS, LLC KENNETH K KOOMPIN 3010 MCKINLEY AMERICAN FALLS ID 83211 | | KENNETH KENT KOOMPIN 3010 MCKINLEY AMERICAN FALLS ID 83211 | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | KENNETH KENT KOOMPIN | 3066 S FRONTAGE RD | AMERICAN FALLS | ID | | 83211 | |
| MEMBER | KATHY KOOMPIN | 3066 S FRONTAGE RD | AMERICAN FALLS | ID | USA | 83211 | |
| MEMBER | BERNARDINE W CASENAS BEARUP | 3062 S FRONTAGE RD | AMERICAN FALLS | ID | USA | 83211 | |
| MEMBER | CHARLES BEARUP | 3062 S FRONTAGE RD | AMERICAN FALLS | ID | USA | 83211 | |
| MEMBER | CHERYL A KOOMPIN | 300 SNAKE RIVER DR | AMERICAN FALLS | ID | USA | 83211 | |
| MANAGER | KLAREN KOOMPIN | 300 SNAKE RIVER DR | AMERICAN FALLS | ID | USA | 83211 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 8416 | | Signature: Amanda Givens | | | | Date: 02/24/2016 | |
| | | Name (type or print): Amanda Givens | | | | Title: Office Manager | |
| Processed 02/24/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | |