No. W 105003 Return to:		Due no later than Jul 31, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. PRUITT FAMILY FARM, LLC LORI A SABIN 297 DAY BREAK ROAD BONNERS FERRY ID 83805		2. Registered Agent and Address (NO PO BOX) BERG & MCLAUGHLIN CHTD 414 CHURCH STREET STE 203 SANDPOINT ID 83864 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	PRUITT FAM LORI A SAE 297 DAY BRE						
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ente	r Names and Address	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	I LOFTHUS INE SABIN	143 MAAS LOOP 297 DAY BREAK ROAD	BONNERS FERRY BONNERS FERRY			83805 83805	
5. Organized Under the Laws of:	6. Annual Repo	6. Annual Report must be signed.*					
ID Signa		ignature: Lori Sabin		Date: 06/14/2018			
W 105003	Name (type	Name (type or print): Lori Sabin		Title: MANAGER			
Processed 06/14/2018	* Electronically provided signatures are accepted as original signatures.						