

No. W 72063

Due no later than March 31, 2009

Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:  
SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

SPOT OF DREAMS FARM LLC  
1473 CASCADE RD  
EMMETT, ID 83617

LYLA R HATFIELD  
473 CASCADE RD  
EMMETT, ID 83617

NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MANAGER	LYLA R. HATFIELD	1473 CASCADE RD	EMMETT	ID.	83617

5. Organized Under the Laws of:  
IDAHO  
W 72063

6. Signature Lyla R. Hatfield Date 2-1-09  
Name (Typed or Printed) LYLA R. HATFIELD Title MANAGER

Issued 01/05/2009

Do Not Tape or Staple

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