No. W 110276		Due no later than Jan 31, 2015	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed.	1733 E 300 N	SHAUN CRAPO 1733 E 300 N ST ANTHONY 83445 3. New Registered Agent Signature:*		
		S AND A FARMS, LIMITED LIABILITY COMPANY SHAUN CRAPO 1733 E 300 N ST ANTHONY ID 83445	3. New Registere			
NO FILING FEE IF RECEIVED BY DUE DATE		37741176111 12 33113		J		
4. Limited Liability Compa	nies: Enter Na	mes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER ALYNN CRAPO		PO 1733 EAST 300 NORTH	ST. ANTHONY	ID	USA	83445
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Shaun Crapo	Date: 02/23/2015			
W 110276		Name (type or print): Shaun Crapo	Title: president			
Processed 02/23/2015	* Electronically provided signatures are accepted as original signatures.					