No. J 146	0	Due no later than Jun 30, 2017		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			MICHAEL VON BARGEN			
		1. Mailing Address: Correct in this box if needed. VON BARGEN RANCH, L.L.P. MIKE VONBARGEN 596 GRAVES CREEK RD COTTONWOOD ID 83522		596 GRAVES CREEK RD COTTONWOOD ID 83522 3. New Registered Agent Signature:*				
								4. Limited Liability Partne
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PARTNER PARTNER PARTNER	Michael von Bargen Joseph Michael vonbargen Jillian Lee vonbargen		596 GRAVES CREEK RD 596 GRAVES CREEK ROAD 596 GRAVES CREEK ROAD	COTTONWOOD COTTONWOOD COTTONWOOD	ID ID ID	USA USA USA	83522 83522 83522	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Jillian VonBargen			Date: 05/19/2017			
J 1460		Name (type or prin	Title: Partner					
Processed 05/19/2017		* Electronically provide	ed signatures are accepted as original	signatures.				