No. <b>W 9320</b>	Du	Due no later than Jul 31, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE	Annual Report Form  1. Mailing Address: Correct in this box if needed.		5001 FIFES	DAVID L PALFREYMAN 5001 FIFESHIRE PL N BOISE ID 83713  3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	CINDER CONE I BRYAN L PALF 6225 N MEEKEF	CINDER CONE BUTTE FARM LLC BRYAN L PALFREYMAN 6225 N MEEKER PLACE STE 205 BOISE ID 83713					
NO FILING FEE IF RECEIVED BY DUE DATE	50152 15 037	13					
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	
MANAGER DAVID L	PALFREYMAN	5001 FIFESHIRE PL N	BOISE	ID		83713	
MANAGER BRYAN L	PALFREYMAN	6225 N MEEKER PLACE STE 205	BOISE	ID	USA	83713	
5. Organized Under the Laws of: 6. Annual R		must be signed.*					
ID.	Signature: BRY	Signature: BRYAN PALFREYMAN		Date: 05/25/2016			
W 9320	Name (type or	Name (type or print): BRYAN PALFREYMAN		Title: MANAGER			
Processed 05/25/2016	* Electronically provided signatures are accepted as original signatures.						