

No. W 27426	Due no later than Dec 31, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) LYNDEN SYMONS 10098 EAST SYMONS RD LAVA HOT SPRINGS ID 83246																																										
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SYMONS FARM AND RANCH, LLC PO BOX 604 LAVA HOT SPRINGS ID 83246		3. <u>New</u> Registered Agent Signature.																																										
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Manager <input type="checkbox"/> Member</td> <td>Samantha Bair</td> <td>5560 Rd E N.W.</td> <td>Ephrata</td> <td>WA</td> <td>USA</td> <td>98823</td> </tr> <tr> <td><input type="checkbox"/> Manager <input checked="" type="checkbox"/> Member</td> <td>Amanda Symons</td> <td>P.O. Box 604</td> <td>Lava Hot Springs</td> <td>ID</td> <td>USA</td> <td>83246</td> </tr> <tr> <td><input type="checkbox"/> Manager <input checked="" type="checkbox"/> Member</td> <td>Rusty Symons</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td><input type="checkbox"/> Manager <input checked="" type="checkbox"/> Member</td> <td>Angie Symons</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td><input type="checkbox"/> Manager <input checked="" type="checkbox"/> Member</td> <td>Roxanne Symons</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	<input checked="" type="checkbox"/> Manager <input type="checkbox"/> Member	Samantha Bair	5560 Rd E N.W.	Ephrata	WA	USA	98823	<input type="checkbox"/> Manager <input checked="" type="checkbox"/> Member	Amanda Symons	P.O. Box 604	Lava Hot Springs	ID	USA	83246	<input type="checkbox"/> Manager <input checked="" type="checkbox"/> Member	Rusty Symons	"	"	"	"	"	<input type="checkbox"/> Manager <input checked="" type="checkbox"/> Member	Angie Symons	"	"	"	"	"	<input type="checkbox"/> Manager <input checked="" type="checkbox"/> Member	Roxanne Symons	"	"	"	"	"
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5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO W 27426</div>		6. <table style="width: 100%;"> <tr> <td style="width: 60%;"> Signature: <u>Amanda Symons</u> </td> <td style="width: 40%;"> Date: <u>1-22-18</u> </td> </tr> <tr> <td> Name (type or print): <u>Amanda Symons</u> </td> <td> Title: <u>Member</u> </td> </tr> </table>		Signature: <u>Amanda Symons</u>	Date: <u>1-22-18</u>	Name (type or print): <u>Amanda Symons</u>	Title: <u>Member</u>																																						
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM