No. W 55278		Due no later than Oct 31, 2017		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			KRISTINE SOMSEN 641 NORTH 1250 EAST JACKSON ID 83350			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.		1				
		SOMSEN FARMS, LLC KRISTINE SOMSEN 641 NORTH 1250 EAST JACKSON ID 83350 USA						
				3	3. New Registered Agent Signature:*			
4. Limited Liability Compar	nies: Enter Nar	mes and Addresses of a	least one Member or Manager.					
Office Held Name			Street or PO Address		City	State	Country	Postal Code
MEMBER MEMBER	KRISTINE SOMSEN GARY FOWLER		641 NORTH 1250 EAST 641 NORTH 1250 EAST		JACKSON JACKSON	ID ID	USA USA	83350 83350
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 55278		Signature: KRISTINE SOMSEN			Date: 10/13/2017			
		Name (type or print): KRISTINE SOMSEN			Title: MEMBER			
Processed 10/13/2017 * Electronically provided signatures are accepted as original signatures.								