

No. W 140145	Due no later than Jul 31, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) STEPHEN H TELFORD 1303 12TH AVE S NAMPA ID 83651	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. WADE FAIRCHILD FARM LLC PO BOX 324 BUHL ID 83316		3. New Registered Agent Signature.	
NO FILING FEE IF RECEIVED BY DUE DATE				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.				
Manager or Member	Name	Street or PO Address	City	State Country Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Wade Fairchild 4547 N 1100 E Buhl ID 83316			
Manager <input type="checkbox"/> Member <input type="checkbox"/>				
Manager <input type="checkbox"/> Member <input type="checkbox"/>				
Manager <input type="checkbox"/> Member <input type="checkbox"/>				
5. Organized Under the Laws of:		6.		
IDAHO W 140145		Signature: 		
		Name (type or print): <u>Wade Fairchild</u>		
		Date: <u>7-12-16</u>		
		Title: <u>Manager</u>		

Issued 06/13/2016 by SLD

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM