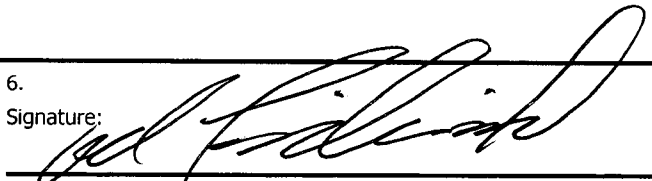


No. W 140145	Due no later than Jul 31, 2016 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) STEPHEN H TELFORD 1303 12TH AVE S NAMPA ID 83651
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. WADE FAIRCHILD FARM LLC PO BOX 324 BUHL ID 83316	3. <u>New</u> Registered Agent Signature.

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 W 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: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 140145 </div>	6. Signature:  <hr/> Name (type or print): <u>Wade Fairchild</u> <div style="float: right; text-align: right;"> Date: <u>7-12-16</u> Title: <u>manager</u> </div>
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