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|--|----------------|---|--------------|--|---------|-------------|--|
| No. W 66393 | | Due no later than Sep 30, 2017 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. LAKEY FARMS, LLC DAVID L LAKEY PO BOX 654 SODA SPRINGS ID 83276 | | DAVID L LAKEY 3284 LAKEY LANE SODA SPRINGS ID 83276-8327 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 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 | |
| MEMBER | DAVID L LAKEY | 3284 LAKEY LANE P.O. BOX 654 | SODA SPRINGS | ID | 83276 | | |
| MEMBER | DWIGHT A LAKEY | 3288 LAKEY LANE P.O. BOX 575 | SODA SPRINGS | ID | 83276 | | |
| MANAGER | DAVID L LAKEY | 3284 LAKEY LN P.O. BOX 654 | SODA SPRINGS | ID | USA | 83276 | |
| MEMBER | DANIEL A LAKEY | 2496 AFTON'S WAY P.O. BOX 192 | SODA SPRINGS | ID | USA | 83276 | |
| 5. Organized Under the Laws of: ID W 66393 | | 6. Annual Report must be signed.* Signature: David L Lakey Name (type or print): David L Lakey | | | | | |
| | | Date: 09/12/2017 Title: Manager | | | | | |
| Processed 09/12/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | |