No. W 35030	C	Due no later than Dec 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ALAN CAVENER			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed. CAVENER FARMS L.L.C. ALAN CAVENER 2202 ESTATES DR NAMPA ID 83686 USA		2202 ESTATES DR. NAMPA 83686 3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ALAN CAVE						
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Limited Liability Companies: Ente	er Names and Address	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	CAVENER	1048 W STATE	MERIDIAN	ID		83642	
MEMBER JOLYNN	E M CAVENER	2202 ESTATES DR.	NAMPA	ID	USA	83686	
5. Organized Under the Laws of: 6. Annua		Annual Report must be signed.*					
ID	Signature: A	Signature: Alan Cavener		Date: 10/16/2014			
W 35030	Name (type	Name (type or print): Alan Cavener		Title: Manager			
Processed 10/16/2014	* Electronically	* Electronically provided signatures are accepted as original signatures.					