

No. W 100167		Due no later than Feb 28, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		GAYLE HOWARD 1949 HARPR RD CRAIGMONT 83523			
		1. Mailing Address: Correct in this box if needed. MOSMAN FARMLAND, LLC HOWARD UTZMAN ATTY PO BOX 604 PULLMAN WA 99163		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	
MANAGER	THOMAS J. MOSMAN	3099 CENTRAL RIDGE ROAD	CRAIGMONT	ID	USA	83523	
MANAGER	GAYLE ANN HOWARD	1949 HARPER RD	CRAIGMONT	ID	USA	83523	
5. Organized Under the Laws of: ID W 100167		6. Annual Report must be signed.* Signature: Gayle Howard Name (type or print): Gayle Howard Date: 12/31/2014 Title: Manager					
Processed 12/31/2014		* Electronically provided signatures are accepted as original signatures.					