

No. W 42825		Due no later than Sep 30, 2012 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. KONEN FARMS, LLC ROBERT KONEN 32073 WAHA RD LEWISTON ID 83501		ROBERT KONEN 32073 WAHA RD LEWISTON ID 83501				
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		
MANAGER	ROBERT KONEN	32073 WAHA RD	LEWISTON	ID	USA	83501		
MANAGER	MOLLY KONEN	32073 WAHA RD	LEWISTON	ID	USA	83501		
5. Organized Under the Laws of: ID W 42825		6. Annual Report must be signed.* Signature: Robert Konen Name (type or print): Robert Konen						Date: 07/14/2012 Title: Owner
Processed 07/14/2012 * Electronically provided signatures are accepted as original signatures.								