

No. <b>W 85478</b>	<b>Due no later than Jul 31, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> TERRI JO KOCH 2030 E 4100 N POLINE RD FILER ID 83328
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> KOCH LAND & LIVESTOCK, LLC JOE KOCH 2030 E 4100 N POLELINE RD FILER ID 83328		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"/>	Terri J Koch 2030 E 4100 N Filer ID Twin Falls 83328		
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Joe A. Koch 20371 Hwy 30 East Burh Id. Twin Falls 83306		
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Karina G Koch 20371 Hwy 30 East Burh Id. Twin Falls 83316		
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold; font-size: large;">             IDAHO W 85478           </div>		6. Signature: <u>Terri Jo Koch</u> Date: <u>8-18-2014</u> Name (type or print): <u>Terri Jo Koch</u> Title: <u>Manager</u>	
Issued 08/15/2014 by KAH		106766	

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM