



Idaho Limited Liability Company Annual Report Form

File online at: SOSBIZ.idaho.gov

Due no later than: 04/30/2019

Return completed form within 30 days to

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83720

Phone: (208) 334-2300

Annual Report: No filing fee if received by the due date.

SOS Control Number: 418921

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 04/28/2014

Formation Locale: ID

Name and Mailing Address:

FAMILY ANDERSON FARMS, LLC

PO BOX 156

DEARY, ID 83823

(1) Add or Change Mailing Address:

Registered Agent (RA) and Registered Office (RO) Address:

DARIN ANDERSON

916 1ST AVE

DEARY, ID 83823

(2) Change RA and/or RO Address:

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	DARIN E. ANDERSON	916 1ST AVE	DEARY ID 83823
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	SHARON ANDERSON	605 INDIAN HILLS DR	MOSCOW ID 83843
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	VICKI ANDERSON	10731 15TH AVE NE	SEATTLE WA 98125
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	NANCY ANDERSON	10731 15TH AVE NE	SEATTLE WA 98125
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	DALE ANDERSON	1511 6TH AVE	LEWISTON ID 83501
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	TANI OCHOA	510 SOUTH TAFT	KENNEWICK WA 99336
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	PIRULA KNAPSTED	440 N VOLIAND ST	KENNEWICK WA 99337
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Darin E. Anderson

(6) Date:

4-23-19

(7) Type/Print Name:

DARIN E. ANDERSON

(8) Title:

PARTNER

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

B0219-6984 05/01/2019 10:56 AM Received by ID Secretary of State Lawrence Denney