No. W 57015		Due no later than Dec 31, 2016		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. L. SIMMONS FARMS LLC LARRY SIMMONS 39 PROFESSIONAL PLAZA REXBURG ID 83440		LARRY SIMMONS 385 S 1ST E BANCROFT ID 83217				
					3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	oanies: Enter Na	mes and Address	ses of at least one Member or Manage	er.				
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	IANAGER LARRY SIMMONS		PO BOX 36		BANCROFT	ID		83217
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: LARRY SIMMONS			Date: 10/31/2016			
W 57015		Name (type or print): LARRY SIMMONS			Title: MANAGER			
Processed 10/31/2016 * Electronically provided signatures are accepted as original signatures.								