

No. W 8337	Due no later than Mar 31, 2013 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. C K P FARMS, LLC KATHLEEN KOON 7455 W 4000 S REXBURG ID 83440	KATHLEEN KOON 7455 W 4000 S REXBURG ID 83440 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	KATHLEEN KOON	7455 W 4000 S	REXBURG	ID	USA	83440
MANAGER	COLENE WILSON	3654 W 6800 S	REXBURG	ID	USA	83440
MANAGER	JASON SMITH	159TH ST SW	EDMONDS	WA	USA	98026
MANAGER	AC SMITH	3263 W 5200 S	REXBURG	ID	USA	83440
MANAGER	ANGELA SMITH	5443 NE 29TH AV.	PORTLAND	OR	USA	97211
5. Organized Under the Laws of: ID W 8337	6. Annual Report must be signed.* Signature: Kathleen Koon Name (type or print): Kathleen Koon		Date: 02/07/2013 Title: Manager			
Processed 02/07/2013		* Electronically provided signatures are accepted as original signatures.				