

No. <b>W 16657</b>		<b>Due no later than Oct 31, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  RALPH NAYLOR FARMS, LLC W. ROBERT LEMKE 104 E. FAIRVIEW AVE #217 MERIDIAN ID 83642-5702 USA		W ROBERT LEMKE 104 E. FAIRVIEW AVE #217 MERIDIAN ID 83642			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	
MEMBER	J. BRENT THOMSON FAMILY TRUST	588 CRESTLINE CIRCLE DRIVE 104 E. FAIRVIEW AVE #217	LEWISTON	ID	USA	83501	
MANAGER	W. ROBERT (MIDDLE_NAME) LEMKE	(ADDRESS_2)	BOISE	ID	USA	83705	
MEMBER	TRAVIS M LEMKE	104 E. FAIRVIEW #217	BOISE	ID	USA	83705	
5. Organized Under the Laws of:  <b>ID</b> <b>W 16657</b>		6. Annual Report must be signed.*  Signature: W. Robert Lemke Name (type or print): W. Robert Lemke		Date: 09/26/2016 Title: Manager member			
Processed 09/26/2016		* Electronically provided signatures are accepted as original signatures.					