No. W 42825		Due no later than Sep 30, 2013		2. Registered A	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. KONEN FARMS, LLC ROBERT KONEN 32073 WAHA RD LEWISTON ID 83501		32073 WAHA LEWISTON 1	ROBERT KONEN 32073 WAHA RD LEWISTON ID 83501 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		ames and Addresses of at least one Member or Manager.		3. <u>New</u> Register	or <u>rest</u> registered Agent Olghutarer			
Office Held	Name	nes and Address	Street or PO Address	City	State	Country	Postal Code	
MEMBER MANAGER MANAGER	SCOTT LEE KONEN ROBERT KONEN MOLLY KONEN		32073 WAHA RD 32073 WAHA RD 32073 WAHA RD	LEWISTON LEWISTON LEWISTON	ID ID ID	USA USA USA	83501 83501 83501	
5. Organized Under the Laws of: ID W 42825		6. Annual Report must be signed.* Signature: Robert Konen Name (type or print): Robert Konen			Date: 07/24/2013 Title: Manager			
Processed 07/24/201	3	* Electronically p	provided signatures are accepted as origina	l signatures.				