

No. W 35030		Due no later than Dec 31, 2015 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		1. Mailing Address: Correct in this box if needed. CAVENER FARMS L.L.C. ALAN CAVENER 2202 ESTATES DR NAMPA ID 83686		ALAN CAVENER 2202 ESTATES DR. NAMPA ID 83686			
NO FILING FEE IF RECEIVED BY DUE DATE				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	ALAN CAVENER	1048 W STATE	MERIDIAN	ID	83642		
MEMBER	JOLYNNE M CAVENER	2202 ESTATES DR.	NAMPA	ID	USA	83686	
5. Organized Under the Laws of: ID W 35030		6. Annual Report must be signed.* Signature: Alan Cavener Name (type or print): Alan Cavener					
		Date: 10/13/2015 Title: Manager					
Processed 10/13/2015		* Electronically provided signatures are accepted as original signatures.					