No. W 171031		Due no later than Sep 30, 2018		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			ADAM COBB 6503 DEER FLAT RD NAMPA ID 83686-9451 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. FARMLAND INSURANCE COMPANY LLC FARMLAND INSURNACE COMPANY LLC 2828 E 32ND AVE SUITE B SPOKANE WA 99223		NAMPA II				
NO FILING FEE IF RECEIVED BY DUE DATE				o. <u></u> agasa. sagas.a oighidan ai				
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 TIMOTHY COBB		OBB	2828 E 32ND AVE SUITE B	SPOKANE	WA	USA	99223	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
WA		Signature: Tir		Date: 09/19/2018				
W 171031		Name (type o		Title: Manager				
Processed 09/19/2018 * Electronically provided signatures are accepted as original signatures.								