

No. W 27426 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	<p>Due no later than Dec 31, 2016 Annual Report Form</p> <p>1. Mailing Address: Correct in this box if needed. SYMONS FARM AND RANCH, LLC PO BOX 604 LAVA HOT SPRINGS ID 83246</p>	<p>2. Registered Agent and Office (NOT A P.O. BOX) LYNDEN SYMONS 10098 EAST SYMONS RD LAVA HOT SPRINGS ID 83246</p> <p>3. New Registered Agent Signature.</p>																																																								
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <table border="1"> <thead> <tr> <th data-bbox="187 456 416 477">Manager or Member</th> <th data-bbox="481 456 563 477">Name</th> <th data-bbox="644 456 889 477">Street or PO Address</th> <th data-bbox="971 456 1003 477">City</th> <th data-bbox="1036 456 1068 477">State</th> <th data-bbox="1101 456 1215 477">Country</th> <th data-bbox="1264 456 1395 477">Postal Code</th> </tr> </thead> <tbody> <tr> <td data-bbox="187 504 416 524">Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td data-bbox="416 477 1428 524">Lynden Symons P.O. Box 604 Lava Hot Springs ID USA 83246</td> <td data-bbox="1428 504 1452 524"></td> <td data-bbox="1428 530 1452 551"></td> <td data-bbox="1428 557 1452 577"></td> <td data-bbox="1428 584 1452 604"></td> <td data-bbox="1428 611 1452 631"></td> </tr> <tr> <td data-bbox="187 577 416 598">Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td data-bbox="416 551 1428 598">Candice Symons " " " "</td> <td data-bbox="1428 584 1452 604"></td> <td data-bbox="1428 611 1452 631"></td> <td data-bbox="1428 638 1452 658"></td> <td data-bbox="1428 665 1452 685"></td> <td data-bbox="1428 692 1452 712"></td> </tr> <tr> <td data-bbox="187 598 416 618">Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td data-bbox="416 584 1428 618">Samantha Bair 5560 Rd E N.W. Ephrata WA USA 98823</td> <td data-bbox="1428 624 1452 645"></td> <td data-bbox="1428 651 1452 672"></td> <td data-bbox="1428 678 1452 698"></td> <td data-bbox="1428 705 1452 725"></td> <td data-bbox="1428 732 1452 752"></td> </tr> <tr> <td data-bbox="187 624 416 645">Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td data-bbox="416 611 1428 645">Amanda Symons P.O. Box 604 Lava Hot Springs ID USA 83246</td> <td data-bbox="1428 651 1452 672"></td> <td data-bbox="1428 678 1452 698"></td> <td data-bbox="1428 705 1452 725"></td> <td data-bbox="1428 732 1452 752"></td> <td data-bbox="1428 759 1452 779"></td> </tr> <tr> <td data-bbox="187 651 416 672">Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td data-bbox="416 638 1428 672">Rusty Symons " " " "</td> <td data-bbox="1428 678 1452 698"></td> <td data-bbox="1428 705 1452 725"></td> <td data-bbox="1428 732 1452 752"></td> <td data-bbox="1428 759 1452 779"></td> <td data-bbox="1428 786 1452 806"></td> </tr> <tr> <td data-bbox="187 678 416 698">Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td data-bbox="416 665 1428 698">Angie Symons " " " "</td> <td data-bbox="1428 705 1452 725"></td> <td data-bbox="1428 732 1452 752"></td> <td data-bbox="1428 759 1452 779"></td> <td data-bbox="1428 786 1452 806"></td> <td data-bbox="1428 813 1452 833"></td> </tr> <tr> <td data-bbox="187 705 416 725">Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td data-bbox="416 692 1428 725">Roxanne Symons " " " "</td> <td data-bbox="1428 732 1452 752"></td> <td data-bbox="1428 759 1452 779"></td> <td data-bbox="1428 786 1452 806"></td> <td data-bbox="1428 813 1452 833"></td> <td data-bbox="1428 840 1452 860"></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Lynden Symons P.O. Box 604 Lava Hot Springs ID USA 83246						Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Candice Symons " " " "						Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Samantha Bair 5560 Rd E N.W. Ephrata WA USA 98823						Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Amanda Symons P.O. Box 604 Lava Hot Springs ID USA 83246						Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Rusty Symons " " " "						Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Angie Symons " " " "						Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Roxanne Symons " " " "					
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																																				
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Lynden Symons P.O. Box 604 Lava Hot Springs ID USA 83246																																																									
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Candice Symons " " " "																																																									
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Samantha Bair 5560 Rd E N.W. Ephrata WA USA 98823																																																									
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Amanda Symons P.O. Box 604 Lava Hot Springs ID USA 83246																																																									
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Rusty Symons " " " "																																																									
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Angie Symons " " " "																																																									
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Roxanne Symons " " " "																																																									
5. Organized Under the Laws of: IDAHO W 27426	<p>6.</p> <p>Signature: <u>Lynden Symons</u></p> <p>Name (type or print): <u>Lynden Symons</u></p>	<p>Date: <u>11/4/2016</u></p> <p>Title: <u>member</u></p>																																																								

Issued 10/27/2016 by KAH

116470

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM