

No. W 27426	Due no later than Dec 31, 2016 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) LYNDEN SYMONS 10098 EAST SYMONS RD LAVA HOT SPRINGS ID 83246
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SYMONS FARM AND RANCH, LLC PO BOX 604 LAVA HOT SPRINGS ID 83246	3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

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"/>	Sanantia Bair	5360 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: <div style="text-align: center; font-weight: bold;"> IDAHO W 27426 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: Name (type or print): <u>Lynden Symons</u> </td> <td style="width: 40%;"> Date: <u>11/4/2016</u> Title: <u>member</u> </td> </tr> </table>	Signature: Name (type or print): <u>Lynden Symons</u>	Date: <u>11/4/2016</u> Title: <u>member</u>
Signature: Name (type or print): <u>Lynden Symons</u>	Date: <u>11/4/2016</u> Title: <u>member</u>		

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM