No. W 42825		Due no later than Sep 30, 2015		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		ROBERT KONEN 32073 WAHA RD LEWISTON ID 83501 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compani	ies: Enter Nar	nes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER ROBERT KON		NEN	32073 WAHA RD	LEWISTON	ID	USA	83501	
MANAGER MOLLY KONE			32073 WAHA RD	LEWISTON	ID	USA	83501	
MEMBER	SCOTT LEE	KONEN	32073 WAHA RD	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 42825		Signature: Robert Konen		Date: 07/19/2015				
		Name (type or print): Robert Konen		Title: Manager				
Processed 07/19/2015 * Electronically provided signatures are accepted as original signatures.								