| No. J 885 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Due no later than Jun 30, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. ATKINSON FARMS, LLP LYNN ATKINSON 1075 WARD LN PARMA ID 83660 USA | | 2. Registered Agent and Address (NO PO BOX) RONALD L ATKINSON 1075 WARD LANE PARMA 83660 3. New Registered Agent Signature:* | | | | | | | | | | | |
|---|--|--|---|---|------------|----------------|--|-----------------------------|-----------------|---------------------|--|------|-------|---------|-------------|
| | | | | | | | | 4. Limited Liability Partne | rships: Enter N | ames and Business A | Addresses of two (2) or more partners. | | | | |
| | | | | | | | | Office Held | Name | | Street or PO Address | City | State | Country | Postal Code |
| PARTNER RL ATKINSON FARMS INC PARTNER BROKEN SICKLE FARMS INC | | 1075 WARD LN 1364 GRANDVIEW RD | PARMA PARMA | ID ID | USA USA | 83660 83660 | | | | | | | | | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | | | | | | | | |
| ID J 885 | | Signature: Lynn Atkinson | | Date: 04/18/2015 | | | | | | | | | | | |
| | | Name (type or print): Lynn Atkinson | | Title: Partner | | | | | | | | | | | |
| Processed 04/18/2015 | | * Electronically prov | vided signatures are accepted as original s | signatures. | | | | | | | | | | | |