

No. W 40938		Due no later than Jul 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. LASKO ALEXANDER FARM, LLC JOHN A COLEMAN PO BOX 1293 TWIN FALLS ID 83303-1293		JOHN A COLEMAN 401 GOODING ST N STE 201 TWIN FALLS ID 83303			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name JOHN A COLEMAN	Street or PO Address PO BOX 1293		City TWIN FALLS	State ID	Country	Postal Code 83303
5. Organized Under the Laws of: ID W 40938		6. Annual Report must be signed.* Signature: John Coleman Name (type or print): John Coleman Date: 07/29/2015 Title: Member					
Processed 07/29/2015 * Electronically provided signatures are accepted as original signatures.							