

No. <b>W 40938</b>		<b>Due no later than Jul 31, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  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	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MEMBER	JOHN A COLEMAN	PO BOX 1293	TWIN FALLS	ID	83303
5. Organized Under the Laws of:  <b>ID W 40938</b>		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.			