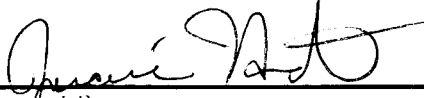
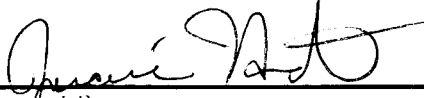
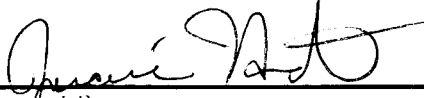


No. <b>W 154786</b>	<b>Due no later than Aug 31, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> BLAKE S ATKIN 7579 NORTH WESTSIDE HWY CLIFTON ID 83228
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> OXFORD PEAK FARM SERVICES LLC 205 WEST 600 NORTH CLIFTON ID 83228		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"/>	Jeramie Hatch	205 W 600 N	Clifton	ID		83228
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:  <div style="text-align: center; font-size: 1.2em;">             IDAHO              W 154786           </div>	6. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%; padding: 5px;">           Signature:  </td> <td style="width: 40%; padding: 5px;">           Date: <u>7-11-16</u> </td> </tr> <tr> <td style="padding: 5px;">           Name (type or print): <u>Jeramie Hatch</u> </td> <td style="padding: 5px;">           Title: <u>Owner</u> </td> </tr> </table>	Signature: 	Date: <u>7-11-16</u>	Name (type or print): <u>Jeramie Hatch</u>	Title: <u>Owner</u>
Signature: 	Date: <u>7-11-16</u>				
Name (type or print): <u>Jeramie Hatch</u>	Title: <u>Owner</u>				