No. W 98552		Due no later than Dec 31, 2017			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. SO-IDA COMPOST, LLC BRADLEY D CAPPS PO BOX 824 JEROME ID 83338		d.	BRADLEY D CAPPS 5439 US HIGHWAY 93 JEROME ID 83338 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE									
4. Limited Liability Compani	es: Enter Na	mes and Addresses	of at least one Member or Manager.						
Office Held	Name		Street or PO Address	С	ity	State	Country	Postal Code	
MANAGER	BRADLEY D	CAPPS	PO BOX 824	JE	ROME	ID	USA	83338	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID W 98552		Signature: Bradley D Capps Date: 11/02/2017							
		Name (type or print): Bradley D Capps			Title: President				
Processed 11/02/2017	essed 11/02/2017 * Electronically provided signatures are accepted as original signatures.								