

| | | | | | |
|--|---------------|---|-------------|---|---------------------|
| No. W 77265 | | Due no later than Aug 31, 2014 | | 2. Registered Agent and Address (NO PO BOX) | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. KMC FARM, LLC. EMILY CRAPO 365 N 1400 E ST ANTHONY ID 83445 USA | | KURTIS M CRAPO 365 N 1400 E ST ANTHONY ID 83445 | |
| | | | | 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 |
| MANAGER | EMILY K CRAPO | 365 N 1400 E | ST. ANTHONY | ID | USA 83445 |
| 5. Organized Under the Laws of: ID W 77265 | | 6. Annual Report must be signed.* Signature: Emily Crapo Name (type or print): Emily Crapo Date: 07/01/2014 Title: Manager | | | |
| Processed 07/01/2014 | | * Electronically provided signatures are accepted as original signatures. | | | |