



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Return completed form within 30 days to:

Idaho Secretary of State
Attn: Annual Reports
450 North 4th Street
Boise, ID 83720
Phone: (208) 334-2300

For Office Use Only

-FILED-

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Annual Report: No filing fee if received by the due date.

SOS Control Number: 473389

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 09/02/2015

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

BIG T FARMS, LLC
29282 CATTLE DRIVE RD
BRUNEAU, ID 83604-5056

Registered Agent (RA) and Registered Office (RO) Address:

(2) Change RA and/or RO Address:

JAY DEE THOMAS
29282 CATTLE DRIVE RD
BRUNEAU, ID 83604

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Tom Thomas Pres	29282 Cattle Dr Rd.	Bruneau ID 83604
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Tom Thomas V.P.	29415 Mormon Blvd	Bruneau, Idaho 83604
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Jay Dee Thomas	16821 Purple Sage Rd	Caldwell ID 83604-8847
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Melinda Dipert	29282 Cattle Dr Rd.	Bruneau, ID 83604
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Barbara Hiler	8100 Gregory Lane	N. Tr. Hwy, Id 83604
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Tom Thomas

(6) Date:

(7) Type/Print Name:

Tom Thomas

(8) Title:

Vice President
mgr.

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

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