| No. W 70834 | | Due no later than Jan 31, 2016 | | 2. Registered Ag | 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. ANDERSON FAMILY FARM, LLC JOSEPH ANDERSON 1751 OLD HWY 95 GENESEE ID 83832 | | 1751 OLD HW GENESEE ID | JOSEPH ANDERSON 1751 OLD HWY 95 GENESEE ID 83832 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Companies: | Enter Nan | nes and Address | es of at least one Member or Manager. | | | | | |
| Office Held Nan | ne | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER JAY | JOSEPH ANDERSON JAY ANDERSON LAUREN ANDERSON | | 1291 SATHER RD 1051 BERGER RD 4348 202 AVE NE | GENESEE GENESEE SAMMAMISH | ID ID WA | | 83832 83832 98074 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 70834 | | Signature: C | hristine Muir | Dat | Date: 11/16/2015 | | | |
| | | Name (type o | or print): Christine Muir | Titl | Title: Representative | | | |
| Processed 11/16/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |