

No. W 158018	Due no later than Nov 30, 2016 Annual Report Form		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	1. Mailing Address: Correct in this box if needed.		KAREN CHOJNACKI 1240 ORCHARD LOOP RD TROY ID 83871			
	REVERIE FARM LLC KAREN M CHOJNACKI 1240 ORCHARD LOOP RD TROY ID 83871 USA		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
MEMBER	KAREN M CHOJNACKI	1240 ORCHARD LOOP RD	TROY	ID	USA	83871
5. Organized Under the Laws of: ID W 158018		6. Annual Report must be signed.* Signature: Karen M Chojnacki Name (type or print): Karen M Chojnacki		Date: 11/11/2016 Title: Member		
Processed 11/11/2016		* Electronically provided signatures are accepted as original signatures.				