No. W 35493  Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Dec 31, 2013 Annual Report Form  1. Mailing Address: Correct in this box if needed.  FASSIG FARMS, LLC DR SAMUEL FASSIG 9212 S TALON LANE BOISE ID 83709		2	2. Registered Agent and Address (NO PO BOX)			
					DR SAMUEL FASSIG 9212 STALON LN BOISE ID 83709-7830  3. New Registered Agent Signature:*			
<ol><li>Limited Liability Compar</li></ol>	nies: Enter Na	mes and Addresses of a	at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER MANAGER		FASSIG DVM MA I FASSIG MS PSYD	9212 S TALON LANE 9212 S TALON LANE		BOISE BOISE	ID ID	USA USA	83709 83709
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Dr. Samuel M. Fassig			Date: 12/01/2013			
W 35493		Name (type or print): Dr. Samuel M. Fassig			Title: Manager/owner			
Processed 12/01/2013		* Electronically provide	ed signatures are accepted as origina	al signat	ures.			