

No. W 110364	Due no later than Jan 31, 2014 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. AGRESTIC FARMS, LLC KALEIGH PERRY 12622 S CLOVERDALE RD KUNA ID 83634		KALEIGH PERRY 12622 S CLOVERDALE RD KUNA ID 83634			
			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	KALEIGH Y PERRY	12622 S CLOVERDALE RD	KUNA	ID	USA	83634
5. Organized Under the Laws of: ID W 110364	6. Annual Report must be signed.* Signature: Kaleigh Perry Name (type or print): Kaleigh Perry		Date: 01/18/2014 Title: Owner			
Processed 01/18/2014		* Electronically provided signatures are accepted as original signatures.				