| No. W 85353 | | Due no later than Jul 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. SUNSET LAKE FARMS, LLC JEFFREY D PARKINSON 4471 N 5000 W REXBURG ID 83440 | | 6303 N 6000 N REXBURG ID | JEFFREY D PARKINSON 6303 N 6000 W REXBURG ID 83440 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Companies: Enter Nar | | nes and Addresses | s of at least one Member or Manager. Street or PO Address | Cit. | Ctata | Carreton | Deetel Cede | |
| Office Held MANAGER MEMBER | Name JEFFREY D PARKINSON SHERRI L PARKINSON | | 5384 WEST 7000 NORTH 4471 NORTH 5000 WEST | City ST. ANTHONY REXBURG | State ID ID | Country USA USA | Postal Code 83445-3059 83440 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 85353 | | Signature: Sherri Lyn Parkinson Name (type or print): Sherri Lyn Parkinson | | | Date: 06/28/2016 Title: Partner | | | |
| Processed 06/28/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |