

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR <u>200</u>9

Filing Period: September 1 - November 1 - Filing Fee: \$50.00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law

	(re)) is subject to a penalty fee to	·															
1. 10 No. 159916	2. Exact name of the h Farmers Service	mited liability company es, LLC															
3. State of Formation DE		ription of the character of the Services	husiness which is actually conducted in Rb	sich is actually conducted in Rhode Island													
5. Principal office at 4680 Wilshire			Citi Los Angeles	State Ca	^{Zip} 90010												
Contact Name	· . · · · · · · · · · · · · · · · · · ·	ABILITY COMPANY AP	ND NAME OR TITLE OF CONTAC Contact Title	T PERSON:													
Mike Langford Street Address 4680 Wilshire			Tax Director City Los Angeles	State Ca	90010												
7. NAME AND A			FED LIABILITY COMPANY, IF AP SING ATTACHMENTS - ("X" BOX F		LIST MEMBERS												
Manager Name	соон ветнования малама эвраца	······································	мападеr Name	унаваныявые желектение онивонновыны выпрации принединичения простительный выдальных далжен. Manager Name													
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Manager Name			Manager Name														
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AND AND ADDRESS OF A STREET, ASSESSED.	SENT IN RHODE ISLAN is currently of record in the		y of State. Changes require filing of	Form 642 - R.I.G.L. 7-1	6-11												

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained hereis

Signature of Authorized Person

ZFUS SERVICES, LLC MEMBER

MICHAEL LANGFORD, ITS ASST TREASURER

Print or Type Name of Authorized Person