



Comptroller of Public Accounts
FORM 05-102
(Rev. 9-11/30)

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report **MUST** be signed and filed to satisfy franchise tax requirements

■ Tcode 13196 Franchise

■ Taxpayer number

3 2 0 7 9 4 9 4 5 7 4

■ Report year

2 0 2 3

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

Taxpayer name VIVA FARMS, LLC				Secretary of State (SOS) file number or Comptroller file number 0804089759	
Mailing address 810 TEXAS AVE					
City LUBBOCK	State TX	ZIP Code 79401	Plus 4		

● Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office
Principal place of business

Please sign below!

Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.



SECTION A Name, title and mailing address of each officer, director or manager.

3207949457423

Name PIGG BROTHERS LLC	Title GOVERNING	Director ☐ YES	Term expiration m m d d y y <input type="text"/>
Mailing address 8901 155TH ST	City WOLFFORTH	State TX	ZIP Code 79382
Name BLC PRESTON FAMILY PARTNERS	Title GOVERNING	Director ☐ YES	Term expiration m m d d y y <input type="text"/>
Mailing address 810 TEXAS AVE	City LUBBOCK	State TX	ZIP Code 79401
Name KCH HART FAMILY PARTNERSHIP	Title GOVERNING	Director ☐ YES	Term expiration m m d d y y <input type="text"/>
Mailing address 810 TEXAS AVE	City LUBBOCK	State TX	ZIP Code 79401

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
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Registered agent and registered office currently on file. (see instructions if you need to make changes)
Agent: **CAMERON KULBETH**

● Blacken circle if you need forms to change the registered agent or registered office information.

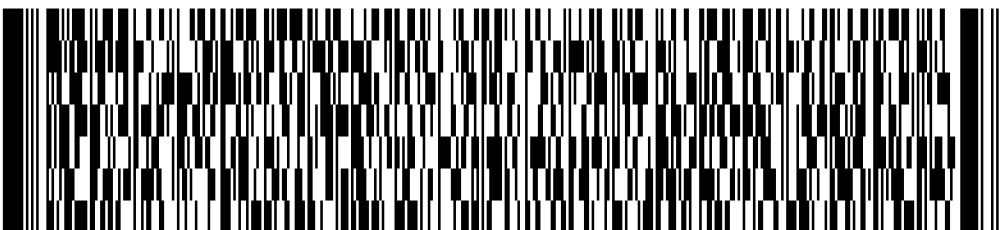
Office: 810 TEXAS AVE.	City LUBBOCK	State TX	ZIP Code 79401
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The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

sign here Brad R Smith	Title Electronic	Date 08-28-2023	Area code and phone number (806) 798 - 8619
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Texas Comptroller Official Use Only



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SECTION A Name, title and mailing address of each officer, director or manager.

3207949457423

Name WCA FAMILY PARTNERSHIP LLC	Title GOVERNING	Director ☐ YES	Term expiration m m d d y y
Mailing address 140 CR 327	City GOLDTHWAITE	State TX	ZIP Code 76844
Name KULBETH FAMILY PARTNERSHIP	Title GOVERNING	Director ☐ YES	Term expiration m m d d y y
Mailing address 810 TEXAS AVE	City LUBBOCK	State TX	ZIP Code 79401
Name	Title	Director ☐ YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

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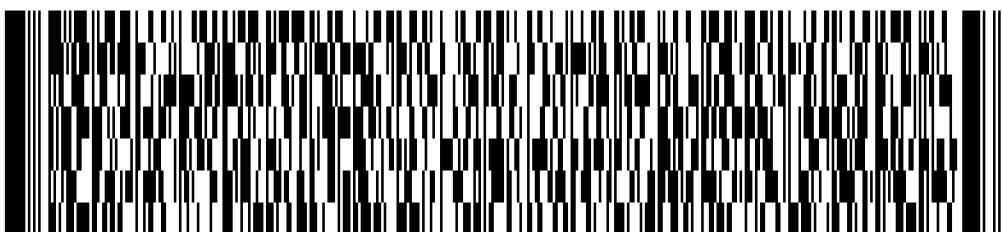
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sign here Brad R Smith	Title Electronic	Date 08-28-2023	Area code and phone number (806) 798 - 8619
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