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|--|------------------|---|-----------|---|---------|-------------------------|--|
| No. W 70834 | | Due no later than Jan 31, 2012 | | 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. ANDERSON FAMILY FARM, LLC JOSEPH ANDERSON 1291 SATHER RD GENESEE ID 83832 | | JOSEPH ANDERSON 1291 SATHER RD GENESEE ID 83832 | | | |
| | | | | 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 | |
| MEMBER | DOROTHY ANDERSON | 1751 OLD HWY 95 | GENESEE | ID | USA | 83832 | |
| MEMBER | JOSEPH ANDERSON | 1291 SATHER RD | GENESEE | ID | USA | 83832 | |
| MEMBER | JAY ANDERSON | 1051 BERGER RD | GENESEE | ID | USA | 83832 | |
| MEMBER | LAUREN ANDERSON | 4348 202 AVE NE | SAMMAMISH | WA | USA | 98074 | |
| MEMBER | LAVERNE ANDERSON | 1751 OLD HWY 95 | GENESEE | ID | USA | 83832 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 70834 | | Signature: Christine Muir | | | | Date: 01/31/2012 | |
| | | Name (type or print): Christine Muir | | | | Title: Authorized Party | |
| Processed 01/31/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | | |