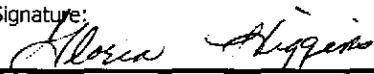


No. W 127823	Due no later than Aug 31, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) GLORIA HIGGINS 371 MCLEAN SODA SPRINGS ID 83276																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. A J PETERSON FARM LLC GLORIA HIGGINS 371 MCLEAN <i>Ave.</i> SODA SPRINGS ID 83276 USA		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 5%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Rodney D Higgins</td> <td>PO Box 39</td> <td>Soda Sp.</td> <td>Id.</td> <td>Utah</td> <td>83276</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Steven K Higgins</td> <td>535 N 3rd</td> <td>Montpelier</td> <td>Id</td> <td>Idaho</td> <td>83254</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Scott A. Higgins</td> <td>1906 Peers Highway</td> <td>Catskill</td> <td>N.M.</td> <td>US</td> <td>88256</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Jessica Zander</td> <td>550 Jenkins Ave</td> <td>Soda Sp.</td> <td>Id.</td> <td>US</td> <td>83276</td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Rodney D Higgins	PO Box 39	Soda Sp.	Id.	Utah	83276	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Steven K Higgins	535 N 3 rd	Montpelier	Id	Idaho	83254	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Scott A. Higgins	1906 Peers Highway	Catskill	N.M.	US	88256	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jessica Zander	550 Jenkins Ave	Soda Sp.	Id.	US	83276
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5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> IDAHO W 127823 </div>	6. Signature: <div style="text-align: center;">  <hr/> Name (type or print): GLORIA HIGGINS </div> <div style="text-align: right; margin-top: 10px;"> Date: July 5, 2015 <hr/> Title: Manager </div>																																					
Issued 06/23/2015 by TLB		109925																																				

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.