

|                                                                                                                                                        |                  |                                                                                                                                                                                              |         |                                                             |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------|---------|------------------|--|
| No. <b>C 74402</b>                                                                                                                                     |                  | <b>Due no later than Nov 30, 2011</b>                                                                                                                                                        |         | 2. Registered Agent and Address <b>(NO PO BOX)</b>          |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>PARKINSON FARM SUPPLY, INC.<br>CAROL PARKINSON<br>4471 NORTH 5000 WEST<br>REXBURG ID 83440 |         | MAX G PARKINSON<br>4471 NORTH 5000 WEST<br>REXBURG ID 83440 |         |                  |  |
|                                                                                                                                                        |                  |                                                                                                                                                                                              |         | 3. <u>New</u> Registered Agent Signature:*                  |         |                  |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                  |                                                                                                                                                                                              |         |                                                             |         |                  |  |
| Office Held                                                                                                                                            | Name             | Street or PO Address                                                                                                                                                                         | City    | State                                                       | Country | Postal Code      |  |
| PRESIDENT                                                                                                                                              | MAX G. PARKINSON | 4471 NORTH 5000 WEST                                                                                                                                                                         | REXBURG | ID                                                          | USA     | 83440            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                                                                            |         |                                                             |         |                  |  |
| <b>ID<br/>C 74402</b>                                                                                                                                  |                  | Signature: Carol Parkinson                                                                                                                                                                   |         |                                                             |         | Date: 11/04/2011 |  |
|                                                                                                                                                        |                  | Name (type or print): Carol Parkinson                                                                                                                                                        |         |                                                             |         | Title: Owner     |  |
| Processed 11/04/2011                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                                    |         |                                                             |         |                  |  |