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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------|---------|-------------|--|
| No. <b>W 25959</b>                                                                                                                                     |                  | <b>Due no later than Sep 30, 2010</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>                                                                                                                       |           | MARK S REIMANN<br>5637 ST. JOE RIVER ROAD<br>ST MARIES ID 83861 |         |             |  |
|                                                                                                                                                        |                  | <b>1. Mailing Address: Correct in this box if needed.</b><br>REIMANN & SON FARM, L.L.C.<br>MARZETTA REIMANN<br>PO BOX 481<br>ST MARIES ID 83861 |           | 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                                                                                                                                                 | MARK S REIMANN   | PO BOX 481                                                                                                                                      | ST MARIES | ID                                                              | USA     | 83861       |  |
| MEMBER                                                                                                                                                 | MARZETTA REIMANN | PO BOX 481                                                                                                                                      | ST MARIES | ID                                                              | USA     | 83861       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 25959</b>                                                                                           |                  | 6. Annual Report must be signed.*<br>Signature: Marzetta Reimann<br>Name (type or print): Marzetta Reimann<br>Date: 09/08/2010<br>Title: Member |           |                                                                 |         |             |  |
| Processed 09/08/2010                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                       |           |                                                                 |         |             |  |