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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------|---------|-------------|--|
| No. <b>W 87368</b>                                                                                                                                     |                  | <b>Due no later than Oct 31, 2015</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>1. Mailing Address: Correct in this box if needed.</b><br><br>IDAHO DEHYDRATION & PROCESSING, LLC<br>KEVIN RYAN<br>1305 ALBION AVE<br>BURLEY ID 83318 |            | JEREMY T ANDERSON<br>271 WEST HIGHWAY 30<br>BURLEY ID 83318 |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                                          |            | 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 |  |
| MANAGER                                                                                                                                                | JWEREMY ANDERSON | 74 W 100 N                                                                                                                                               | RUPERT     | ID                                                          | USA     | 83350       |  |
| MEMBER                                                                                                                                                 | NATE ROBINSON    | 2502 TWUN VIEW                                                                                                                                           | TWIN FALLS | ID                                                          | USA     | 83301       |  |
| MEMBER                                                                                                                                                 | ED WHITE         | 2975 S. BEAR CLAW WAY                                                                                                                                    | MERIDIAN   | ID                                                          | USA     | 83642       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 87368</b>                                                                                           |                  | 6. Annual Report must be signed.*<br>Signature: Kevin Ryan<br>Name (type or print): Kevin Ryan<br>Date: 08/31/2015<br>Title: CDO                         |            |                                                             |         |             |  |
| Processed 08/31/2015                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                |            |                                                             |         |             |  |