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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------|---------|------------------|--|
| No. <b>W 32706</b>                                                                                                                                     |                     | <b>Due no later than Aug 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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>KRAUPP LIVESTOCK LLC<br>TRAVIS F KRAUPP<br>P.O. BOX 125<br>HOMEDALE ID 83628 |        | TRAVIS FRANK KRAUPP<br>15792 ALLENDALE RD<br>WILDER ID 83676 |         |                  |  |
|                                                                                                                                                        |                     |                                                                                                                                                                                |        | 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                                                                                                                                                | TRAVIS FRANK KRAUPP | 15792 ALLENDALE RD.                                                                                                                                                            | WILDER | ID                                                           | USA     | 83676            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                     | 6. Annual Report must be signed.*                                                                                                                                              |        |                                                              |         |                  |  |
| <b>ID<br/>W 32706</b>                                                                                                                                  |                     | Signature: Travis F Kraupp                                                                                                                                                     |        |                                                              |         | Date: 06/23/2015 |  |
|                                                                                                                                                        |                     | Name (type or print): Travis F Kraupp                                                                                                                                          |        |                                                              |         | Title: Manager   |  |
| Processed 06/23/2015                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                                                      |        |                                                              |         |                  |  |