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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------|---------|-------------|--|
| No. <b>W 45719</b>                                                                                                                                     |              | <b>Due no later than Dec 31, 2014</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>AB HOLDINGS, LLC<br>KIM STUART<br>1555 SHORELINE DR<br>SUITE 320<br>BOISE ID 83702<br>USA |       | KIM STUART<br>1555 SHORELINE DR<br>SUITE 320<br>BOISE 83702 |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                                                                             |       | 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                                                                                                                                                 | AGRI BEEF CO | 1555 SHORELINE DRIVE SUITE 320                                                                                                                                                              | BOISE | ID                                                          | USA     | 83702       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 45719</b>                                                                                           |              | 6. Annual Report must be signed.*<br>Signature: Kim Stuart<br>Name (type or print): Kim Stuart<br>Date: 12/17/2014<br>Title: Officer                                                        |       |                                                             |         |             |  |
| Processed 12/17/2014                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                                                   |       |                                                             |         |             |  |