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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 33655</b>                                                                                                                                     |                | <b>Due no later than Oct 31, 2009</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>                                                                                                                   |        | BRUCE MITCHELL<br>2104 S 100 E<br>OAKLEY ID 83346  |         |             |  |
|                                                                                                                                                        |                | <b>1. Mailing Address: Correct in this box if needed.</b>                                                                                   |        | 3. <u>New</u> Registered Agent Signature:*         |         |             |  |
|                                                                                                                                                        |                | SAWTOOTH FOUNDATION SEED, LLC<br>BRUCE MITCHELL<br>2104 SOUTH 100 EAST<br>OAKLEY ID 83346<br>USA                                            |        |                                                    |         |             |  |
| 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                                                                                                                                                 | BRUCE MITCHELL | 2104 S 100 E                                                                                                                                | OAKLEY | ID                                                 | USA     | 83346       |  |
| MEMBER                                                                                                                                                 | CARL BORGSTROM | PO BOX 183                                                                                                                                  | GRANBY | CO                                                 | USA     | 90446       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 33655</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Bruce Mitchell<br>Name (type or print): Bruce Mitchell<br>Date: 09/03/2009<br>Title: Member |        |                                                    |         |             |  |
| Processed 09/03/2009                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                   |        |                                                    |         |             |  |