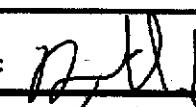


<p>No. W 81861</p> <p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p><b>NO FILING FEE IF RECEIVED BY DUE DATE</b></p>		<p>Due no later than Mar 31, 2010 Annual Report Form</p> <p><b>1. Mailing Address: Correct in this box if needed.</b> CUTTING EDGE CUSTOM FARMING LLC  <i>878 N POINTE DR TWIN FALLS ID 83301 520 woodbridge st. Rexburg, ID 83440</i></p>	<p>2. Registered Agent and Office (<b>NOT A P.O. BOX</b>) DEXTER WYNN CLARK 878 N POINTE DR TWIN FALLS ID 83301</p> <p>3. <u>New Registered Agent Signature.</u></p>															
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.</p> <table> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>OWNER</td> <td>Dexter wynnclark</td> <td>520 woodbridge st. Rexburg, ID</td> <td></td> <td></td> <td></td> <td>83440</td> </tr> </tbody> </table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code	OWNER	Dexter wynnclark	520 woodbridge st. Rexburg, ID				83440
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OWNER	Dexter wynnclark	520 woodbridge st. Rexburg, ID				83440												
<p>5. Organized Under the Laws of:</p> <p>IDAHO W 81861</p>	<p>6.</p> <p>Signature: </p> <p>Name (type or print): Dexter Wynn Clark</p> <p>Date: _____</p> <p>Title: OWNER</p>																	
<p>Issued 04/09/2010 by CLH</p>		<p>201003010390</p>																

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**