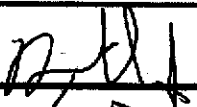


No. W 81861	Due no later than Mar 31, 2010 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) DEXTER WYNN CLARK 878 N POINTE DR TWIN FALLS ID 83301														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1.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

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM