

No. W 97810	Due no later than Nov 30, 2011 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX)																													
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. FARMBLESSINGS LLC 8516 SHANNON RD PAYETTE ID 83661		JO SMITH 8516 SHANNON RD PAYETTE ID 83661																													
			3. <u>New</u> Registered Agent Signature.																													
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 35%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="radio"/> Member <input type="radio"/> (circle one)</td> <td colspan="6"></td> </tr> <tr> <td></td> <td>JO SMITH</td> <td>8516 SHANNON RD</td> <td>PAYETTE, ID</td> <td>USA</td> <td></td> <td>83661</td> </tr> <tr> <td></td> <td>LUCILLE MORDHORST</td> <td>1600 NW 26th St</td> <td>FRUITLAND, ID</td> <td>USA</td> <td></td> <td>83619</td> </tr> </tbody> </table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="radio"/> Member <input type="radio"/> (circle one)								JO SMITH	8516 SHANNON RD	PAYETTE, ID	USA		83661		LUCILLE MORDHORST	1600 NW 26th St	FRUITLAND, ID	USA		83619
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5. Organized Under the Laws of: IDAHO W 97810	6. Signature: <u>Jo Smith</u> Name (type or print): <u>JO SMITH</u>		Date: <u>10/25/11</u> Title: <u>PARTNER</u>																													
Issued 10/20/2011 by DK1				100370																												