No. <b>C 117405</b>		Due no later than Dec 31, 2011	2. Registered Agent and Address (NO PO BOX)  JOHN C LARSEN 129 SOUTH 2900 EAST PAUL ID 83347  3. New Registered Agent Signature:*			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form  1. Mailing Address: Correct in this box if needed.  JOHN C. LARSEN FARMS, INC.  JOHN C LARSEN  129 S 2900 E				
		PAUL ID 83347				
4. Corporations: Enter Nam	es and Busine	ess Addresses of President, Secretary, and Directors. Treasurer (	(optional).			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
	VIVIAN LARS JOHN C LAR		Paul Paul	ID ID	USA USA	83347 83347
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: John Larsen	Date: 01/19/2012			
C 117405		Name (type or print): John Larsen	Title: Officer			
Processed 01/19/2012 * Electronically provided signatures are accepted as original signatures.						