

|  |                         |  |       |   |         |             |  |
|--|-------------------------|--|-------|---|---------|-------------|--|
| No. <b>J 885</b>   |                         | <b>Due no later than Jun 30, 2018</b><br><b>Annual Report Form</b>   |       | 2. Registered Agent and Address ( <b>NO PO BOX</b> )  |         |             |  |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                         | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>ATKINSON FARMS, LLP<br>BRIAN ATKINSON<br>1075 WARD LN<br>PARMA ID 83660 |       | RONALD L ATKINSON<br>1075 WARD LANE<br>PARMA ID 83660 |         |             |  |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>   |                         |  |       | 3. <u>New</u> Registered Agent Signature:*            |         |             |  |
| 4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners. |                         |  |       |   |         |             |  |
| Office Held  | Name                    | Street or PO Address   | City  | State   | Country | Postal Code |  |
| PARTNER  | RL ATKINSON FARMS INC   | 1075 WARD LN   | PARMA | ID  | USA     | 83660       |  |
| PARTNER  | BROKEN SICKLE FARMS INC | 1364 GRANDVIEW RD  | PARMA | ID  | USA     | 83660       |  |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>J 885</b>                                   |                         | 6. Annual Report must be signed.*<br><br>Signature: Brian Atkinson<br>Name (type or print): Brian Atkinson                               |       |   |         |             |  |
|  |                         | Date: 06/12/2018<br>Title: Partner   |       |   |         |             |  |
| Processed 06/12/2018   |                         | * Electronically provided signatures are accepted as original signatures.  |       |   |         |             |  |