No. C 173900		Du	2. Registered A	2. Registered Agent and Address (NO PO BOX)				
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 CT CORPORATION SYSTEM						
		1. Mailing Address: Correct in this box if needed. ADM CROP RISK SERVICES INC. ERIN STEWART 4666 FARIES PARKWAY DECATUR IL 62526 USA		BOISE ID 8 USA	921 S ORCHARD ST STE G BOISE ID 83705 USA 3. New Registered Agent Signature:*			
				3. <u>New</u> Register				
. Corporations: Enter	Names and Busin	ess Addresses of P	resident, Secretary, and Directors. Trea	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT VICE PRESIDENT	GREGORY MILLS SHAWN SIMPSON		4666 FARIES PARKWAY 4666 FARIES PARKWAY	DECATUR DECATUR	IL IL	USA USA	62526 62526	
5. Organized Under the Laws of:		6. Annual Report	must be signed.*					
IL.		Signature: Gregory Mills			Date: 06/16/2014			
IL.	C 173900		Name (type or print): Gregory Mills		Title: President			
	00	Name (type or	print): Gregory Mills		Hue: Pre	siaent		