

No. W 125305	Due no later than May 31, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) BRETT ADAMS 14020 N 175 E RIRIE ID 83443 <div style="text-align: right; margin-top: 10px;"> 36 South Overman Dr Jerome, ID 83338 </div>
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. ADAMS GRAIN BINS, LLC 14020 N 175 E RIRIE ID 83443 <div style="text-align: right; margin-top: 10px;"> ADAMS GRAIN BINS LLC 36 South Overman Dr Jerome, ID 83338 </div>		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	BRETT ADAMS	36 South Overman Dr	Jerome, ID	USA		83338
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	MIKE ADAMS	13930 N 175 E.	RIRIE, ID	USA		83338
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; margin-top: 20px;"> IDAHO W 125305 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: </td> <td style="width: 40%;"> Date: 3/17/14 </td> </tr> <tr> <td> Name (type or print): BRETT ADAMS </td> <td> Title: Manager </td> </tr> </table>	Signature: 	Date: 3/17/14	Name (type or print): BRETT ADAMS	Title: Manager
Signature: 	Date: 3/17/14				
Name (type or print): BRETT ADAMS	Title: Manager				

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