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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 22505</b>                                                                                                                                     |           | Due no later than Jan 31, 2008                                                                                                                                        |        | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |           | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>CAL-WHITE FARMS, LLC<br>NEIL KING<br>PO BOX 1204<br>BURLEY ID 83318 |        | NEIL KING<br>1710 OVERLAND AVE<br>BURLEY ID 83318  |         |             |  |
|                                                                                                                                                        |           |                                                                                                                                                                       |        | 3. <u>New</u> Registered Agent Signature:*         |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |           |                                                                                                                                                                       |        |                                                    |         |             |  |
| Office Held                                                                                                                                            | Name      | Street or PO Address                                                                                                                                                  | City   | State                                              | Country | Postal Code |  |
| MEMBER                                                                                                                                                 | NEIL KING | PO BOX 1204                                                                                                                                                           | BURLEY | ID                                                 | USA     | 83318       |  |
| MEMBER                                                                                                                                                 | TOM RUDY  | PO BOX 1204                                                                                                                                                           | BURLEY | ID                                                 | USA     | 83318       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 22505</b>                                                                                           |           | 6. Annual Report must be signed.*<br>Signature: Neil King<br>Name (type or print): Neil King<br>Date: 11/09/2007<br>Title: Member                                     |        |                                                    |         |             |  |
| Processed 11/09/2007                                                                                                                                   |           | * Electronically provided signatures are accepted as original signatures.                                                                                             |        |                                                    |         |             |  |