

|  |                    |  |       |  |         |             |  |
|--|--------------------|--|-------|--|---------|-------------|--|
| No. <b>W 170593</b>  |                    | <b>Due no later than Aug 31, 2018</b>  |       | 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>1. Mailing Address: Correct in this box if needed.</b><br><br>FARMAPPER, LLC<br>JAMES MCCALL<br>368 SHERMAN ST<br>BOISE ID 83702<br>USA |       | JAMES MCCALL<br>368 SHERMAN ST<br>BOISE ID 83702   |         |             |  |
|  |                    |  |       | 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   | JAMES KELLY MCCALL | 368 SHERMAN ST.  | BOISE | ID   | USA     | 83702       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 170593</b>  |                    | 6. Annual Report must be signed.*<br>Signature: James McCall<br>Name (type or print): James McCall<br>Date: 06/24/2018<br>Title: Member    |       |  |         |             |  |
| Processed 06/24/2018   |                    | * Electronically provided signatures are accepted as original signatures.  |       |  |         |             |  |