

| | | | | | | | |
|--|-------------------------|---|-------|---|---------|------------------|--|
| No. J 885 | | Due no later than Jun 30, 2014 | | 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 | | RONALD L ATKINSON 1075 WARD LANE PARMA ID 83660 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | ATKINSON FARMS, LLP LYNN ATKINSON 1075 WARD LN PARMA ID 83660 USA | | | | | |
| 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: | | 6. Annual Report must be signed.* | | | | | |
| ID J 885 | | Signature: Ronald Atkinson | | | | Date: 04/24/2014 | |
| | | Name (type or print): Ronald Atkinson | | | | Title: Partner | |
| Processed 04/24/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | | |