No. C 50765 Return to:		Due no later than Jan 31, 2017 Annual Report Form			2. Registered Agent and Address (NO PO BOX) LARRY STORY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. STORY FARMS, INC. LARRY J STORY 29983 HIGHWAY 18 PARMA ID 83660			28283 HWY 18 PARMA ID 83660 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Corporations: Enter Nam	nes and Busin	ess Addresses of Preside	nt, Secretary, and Directors. Trea	asurer (d	optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT SECRETARY	LARRY J STORY GREGG E STORY		28283 HWY 18 25600 CANAL ROAD		Parma Parma	ID ID	USA USA	83660 83660
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 50765		Signature: Larry Story Name (type or print): Larry Story			Date: 12/16/2016 Title: President			
Processed 12/16/2016	* Electronically provided signatures are accepted as original signatures.							