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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------|---------|-------------|--|
| No. <b>W 67525</b>                                                                                                                                     |                        | <b>Due no later than Oct 31, 2012</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>WEST BUTTE FARMS LLC<br>JANA E KINGSTON<br>477 SHOUP AVE STE 207<br>IDAHO FALLS ID 83402 |             | JANA E KINGSTON<br>477 SHOUP AVE STE 207<br>IDAHO FALLS ID 83402 |         |             |  |
|                                                                                                                                                        |                        |                                                                                                                                                                                            |             | 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 |  |
| MANAGER                                                                                                                                                | KINGSTON PROPERTIES LP | 477 SHOUP AVE STE 207                                                                                                                                                                      | IDAHO FALLS | ID                                                               | USA     | 83402       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 67525</b>                                                                                           |                        | 6. Annual Report must be signed.*<br>Signature: Janae Kingston<br>Name (type or print): Janae Kingston<br>Date: 08/20/2012<br>Title: Ra                                                    |             |                                                                  |         |             |  |
| Processed 08/20/2012                                                                                                                                   |                        | * Electronically provided signatures are accepted as original signatures.                                                                                                                  |             |                                                                  |         |             |  |