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| No. W 6629 | Due no later than 7/31/2009 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) |
| Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. | | KATHRYN B SWENSON 514 N MOORE ST MOSCOW ID 83843 3. New Registered Agent Signature: |
| | SWENSON FARMS, LLC KATHRYN B SWENSON 514 N MOORE ST MOSCOW ID 83843 | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | |
| Office Held | Name | Street or PO Address | City State Zip |
| MANAGER | KATHRYN B. SWENSON | 514 N. MOORE ST | MOSCOW ID 83843 |
| 5. Organized Under the Laws of: ID W 6629 | | 6. Annual Report must be signed. Signature: <u>Kathryn B Swenson</u> Name (type or print): <u>KATHRYN B. SWENSON</u> | |
| Date: <u>8/5/09</u> Title: <u>Manager</u> | | | |