| No. <b>C 21619</b>   |               | Due no later than Feb 28, 2011 2. Registered Agent and Address (NO PO                                |   |  |                             |         | PO BOX)     |  |
|--|---------------|--|---|--|-----------------------------|---------|-------------|--|
| Return to:   |               | Annual Report Form   |   | LOUIE BACCA  | LOUIE BACCA<br>524 RIDGE RD |         |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080               |               | 1. Mailing Address: Correct in this box if needed.   |   | TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER |                             |         |             |  |
|  |               | PRINCETON GRANGE NO. 426 PATRONS OF HUSBANDRY,<br>INC.<br>JOANNE HEMMELMAN<br>1098 E HATTER CREEK RD |   | MOSCOW ID 83843  3. New Registered Agent Signature:*   |                             |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |               | PRINCETON ID 83857<br>USA  |   |  |                             |         |             |  |
| 4. Corporations: Enter Nar   | mes and Busin | ess Addresses of   | President, Secretary, and Directors. Treasure | er (optional).   |                             |         |             |  |
| Office Held  | Name          |  | Street or PO Address                          | City   | State                       | Country | Postal Code |  |
| DIRECTOR RAY PARKINS   |               | S  | 1034 BOLLER RD.                               | POTLATCH   | ID                          | USA     | 83855       |  |
| PRESIDENT DORTHA HEA   |               |  | 1217 S BLAINE                                 | MOSCOW   | ID                          | USA     | 83843       |  |
| SECRETARY JOANNE HEMMELMAN   |               |  | 1098 E HATTER CREEK RD.                       | PRINCETION   | ID                          | USA     | 83857       |  |
| 5. Organized Under the Laws of:  |               | 6. Annual Report must be signed.*  |   |  |                             |         |             |  |
| ID<br>C 21619  |               | Signature: Joanne Hemmelman  |   |  | Date: 02/06/2011            |         |             |  |
|  |               | Name (type or print): Joanne Hemmelman   |   |  | Title: Secretary            |         |             |  |
| Processed 02/06/2011 * Electronically provided signatures are accepted as original signatures. |               |  |   |  |                             |         |             |  |