| No. <b>W 108732</b> Return to:                                                            |                                                                                              | Due no later than Dec 31, 2013 Annual Report Form                                                                           |                                   |                                                                                     | Registered Agent and Address (NO PO BOX)     CORPORATION SERVICE COMPANY |         |             |  |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------|-------------|--|
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF |                                                                                              | 1. Mailing Address: Correct in this box if needed.  WESTERN FARMLAND LLC CHAD M DRAKE 99 HIGH ST 26TH FLOOR BOSTON MA 02110 |                                   | 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA  3. New Registered Agent Signature:* |                                                                          |         |             |  |
| RECEIVED BY DUE DATE                                                                      |                                                                                              | USA                                                                                                                         |                                   |                                                                                     |                                                                          |         |             |  |
| 4. Limited Liability Compa                                                                | nies: Enter Nai                                                                              | mes and Addresses o                                                                                                         | f at least one Member or Manager. |                                                                                     |                                                                          |         |             |  |
| Office Held                                                                               | Name                                                                                         |                                                                                                                             | Street or PO Address              | City                                                                                | State                                                                    | Country | Postal Code |  |
| MEMBER                                                                                    | R OLIVER WILLIAMS                                                                            |                                                                                                                             | 99 HIGH STREET 26TH FLOOR         | BOSTON                                                                              | MA                                                                       | USA     | 02110       |  |
| 5. Organized Under the Laws of:                                                           |                                                                                              | 6. Annual Report must be signed.*                                                                                           |                                   |                                                                                     |                                                                          |         |             |  |
| DE                                                                                        |                                                                                              | Signature: Oliver Williams                                                                                                  |                                   | Date: 11/21/2013                                                                    |                                                                          |         |             |  |
| W 108732                                                                                  |                                                                                              | Name (type or pr                                                                                                            | Title: President                  |                                                                                     |                                                                          |         |             |  |
| Processed 11/21/2013                                                                      | ocessed 11/21/2013 * Electronically provided signatures are accepted as original signatures. |                                                                                                                             |                                   |                                                                                     |                                                                          |         |             |  |