

|                                                                                                                                                        |          |                                                                                                                                                    |       |                                                              |         |                         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------|---------|-------------------------|--|
| No. <b>W 166750</b>                                                                                                                                    |          | <b>Due no later than May 31, 2017</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>1. Mailing Address: Correct in this box if needed.</b><br><br>NE KUNA FARM, LLC<br>SCOTT A TSCHIRGI<br>401 W FRONT ST STE 401<br>BOISE ID 83702 |       | SCOTT A TSCHIRGI<br>401 W FRONT ST STE 401<br>BOISE ID 83702 |         |                         |  |
|                                                                                                                                                        |          |                                                                                                                                                    |       | 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                                                                                                                                                | EAMI LLC | 401 W. FRONT ST. STE 401                                                                                                                           | BOISE | ID                                                           | USA     | 83702                   |  |
| 5. Organized Under the Laws of:                                                                                                                        |          | 6. Annual Report must be signed.*                                                                                                                  |       |                                                              |         |                         |  |
| <b>ID<br/>W 166750</b>                                                                                                                                 |          | Signature: Scott A. Tschirgi                                                                                                                       |       |                                                              |         | Date: 03/23/2017        |  |
|                                                                                                                                                        |          | Name (type or print): Scott A. Tschirgi                                                                                                            |       |                                                              |         | Title: Registered Agent |  |
| Processed 03/23/2017                                                                                                                                   |          | * Electronically provided signatures are accepted as original signatures.                                                                          |       |                                                              |         |                         |  |