

|  |                        |  |  |  |             |                |                      |
|--|------------------------|--|--|--|-------------|----------------|----------------------|
| No. <b>W 64722</b>   |                        | <b>Due no later than Jul 31, 2016</b><br><b>Annual Report Form</b>   |  | 2. Registered Agent and Address ( <b>NO PO BOX</b> ) |             |                |                      |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                        | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>ANDERSON FEED L.L.C.<br>SHAWN ANDERSON<br>3650 N 3650 W<br>MOORE ID 83255         |  | SHAWN ANDERSON<br>3650 N 3650 W<br>MOORE ID 83255    |             |                |                      |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>   |                        |  |  | 3. <u>New</u> Registered Agent Signature:*           |             |                |                      |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.       |                        |  |  |  |             |                |                      |
| Office Held<br>MANAGER   | Name<br>SHAWN ANDERSON | Street or PO Address<br>3650 N. 3650 W   |  | City<br>MOORE  | State<br>ID | Country<br>USA | Postal Code<br>83255 |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 64722</b>                                 |                        | 6. Annual Report must be signed.*<br><br>Signature: Shawn Anderson<br>Name (type or print): Shawn Anderson<br><br>Date: 08/08/2016<br>Title: Owner |  |  |             |                |                      |
| Processed 08/08/2016 * Electronically provided signatures are accepted as original signatures.     |                        |  |  |  |             |                |                      |