| No. <b>C 182097</b>                                                                                               |                                | Due no later than Feb 29, 2016                                                                                             |                                    | 2. Registered    | 2. Registered Agent and Address (NO PO BOX)                             |            |                |  |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------|-------------------------------------------------------------------------|------------|----------------|--|
| Return to:                                                                                                        |                                | Annual Report Form                                                                                                         |                                    | 4700 540         | ROBERT EDWARD GRANT III                                                 |            |                |  |
| 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.  GRANT III FARMS, INC.  DINA GRANT  1728 EAST 1200 SOUTH  EDEN ID 83325 |                                    | EDEN ID          | 1728 EAST 1200 SOUTH EDEN ID 83325  3. New Registered Agent Signature:* |            |                |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE                                                                          |                                |                                                                                                                            |                                    |                  |                                                                         |            |                |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). |                                |                                                                                                                            |                                    |                  |                                                                         |            |                |  |
| Office Held                                                                                                       | Name                           |                                                                                                                            | Street or PO Address               | City             | State                                                                   | Country    | Postal Code    |  |
| SECRETARY<br>PRESIDENT                                                                                            | DINA L GRANT<br>ROBERT E GRANT |                                                                                                                            | 1728 E. 1200 S.<br>1728 E. 1200 S. | EDEN<br>EDEN     | ID<br>ID                                                                | USA<br>USA | 83325<br>83325 |  |
| 5. Organized Under the Laws of:                                                                                   |                                | 6. Annual Report must be signed.*                                                                                          |                                    |                  |                                                                         |            |                |  |
| ID<br>C 182097                                                                                                    |                                | Signature: Dina Grant                                                                                                      |                                    |                  | Date: 01/05/2016                                                        |            |                |  |
|                                                                                                                   |                                | Name (type or                                                                                                              |                                    | Title: Secretary |                                                                         |            |                |  |
| Processed 01/05/2016 * Electronically provided signatures are accepted as original signatures.                    |                                |                                                                                                                            |                                    |                  |                                                                         |            |                |  |