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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------------------------------|---------|------------------|--|
| No. <b>W 40345</b>                                                                                                                                     |                   | <b>Due no later than Jun 30, 2014</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>DOYLE FAMILY FARMS, LLC<br>ELIZABETH C DOYLE<br>19595 APRICOT LANE<br>CALDWELL ID 83607<br>USA |          | IDAHO SERVICE COMPANY<br>101 S CAPITOL BLVD 10TH FLOOR<br>BOISE ID 83702<br>USA |         |                  |  |
|                                                                                                                                                        |                   |                                                                                                                                                                                                  |          | 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                                                                                                                                                | ROBERT W DOYLE    | 19595 APRICOT LN                                                                                                                                                                                 | CALDWELL | ID                                                                              | USA     | 83607            |  |
| MANAGER                                                                                                                                                | ELIZABETH C DOYLE | 19595 APRICOT LN                                                                                                                                                                                 | CALDWELL | ID                                                                              | USA     | 83607            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                   | 6. Annual Report must be signed.*                                                                                                                                                                |          |                                                                                 |         |                  |  |
| <b>ID<br/>W 40345</b>                                                                                                                                  |                   | Signature: Elizabeth C. Doyle                                                                                                                                                                    |          |                                                                                 |         | Date: 06/30/2014 |  |
|                                                                                                                                                        |                   | Name (type or print): Elizabeth C. Doyle                                                                                                                                                         |          |                                                                                 |         | Title: Manager   |  |
| Processed 06/30/2014                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                                                        |          |                                                                                 |         |                  |  |