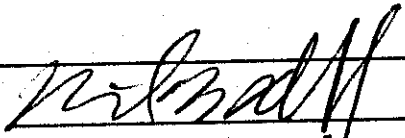


No. W 12644	Due no later than August 31, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable AGRISERVICES, L.L.C. 180 SOUTH 800 WEST BLACKFOOT, ID 83221		MICHAEL N DUFF 180 SOUTH 800 WEST BLACKFOOT, ID 83221 3. New Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>MANAGING MEMBER</td> <td>MICHAEL DUFF</td> <td>180 S. 800 W.</td> <td>BLACKFOOT</td> <td>ID</td> <td>83221</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	MANAGING MEMBER	MICHAEL DUFF	180 S. 800 W.	BLACKFOOT	ID	83221
Office held	Name	Street or P.O. Address	City	State	Zip										
MANAGING MEMBER	MICHAEL DUFF	180 S. 800 W.	BLACKFOOT	ID	83221										
5. Organized Under the Laws of: IDAHO W 12644		6. Signature  Date 06-16-08 Name (Typed or Printed) MICHAEL N. DUFF Title MANAGING MEMBER													