| No. W 173224 | | Due no later than Oct 31, 2017 | | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--------------------|--|------------------------------|--|---|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. ARCO FARMS, LLC SCOTT PLEW 22349 KIMBERLY RD STE E KIMBERLY ID 83341 | | SCOTT PLEW 22349 KIMBERLY RD STE E KIMBERLY ID 83341-8334 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compa | anies: Enter Na | mes and Addresses of at | least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | EMBER SCOTT E PLEW | | 22349 KIMBERLY RD. STE. E | KIMBERLY | ID | USA | 83341 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Scott E. Plew | | Date: 08/21/2017 | | | | |
| W 173224 | | Name (type or print): Scott E. Plew | | Title: Member | | | | |
| Processed 08/21/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |