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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------|---------------------|
| No. <b>W 31601</b>                                                                                                                                     |              | Due no later than Jun 30, 2009                                                                                                                  |               | 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><b>1. Mailing Address: Correct in this box if needed.</b><br>MAN FARMS, LLC<br>PO BOX 99<br>GLENN'S FERRY ID 83623 |               | MARK A NOBLE<br>2107 S SAILOR CREEK RD<br>GLENN'S FERRY ID 83623 |                     |
|                                                                                                                                                        |              |                                                                                                                                                 |               | 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 |
| MEMBER                                                                                                                                                 | MARK A NOBLE | PO BOX 99                                                                                                                                       | GLENN'S FERRY | ID                                                               | USA 83623           |
| 5. Organized Under the Laws of:                                                                                                                        |              | 6. Annual Report must be signed.*                                                                                                               |               |                                                                  |                     |
| <b>ID<br/>W 31601</b>                                                                                                                                  |              | Signature: Mark A. Noble<br>Name (type or print): Mark A. Noble                                                                                 |               | Date: 06/30/2009<br>Title: Member                                |                     |
| Processed 06/30/2009                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                       |               |                                                                  |                     |