

|                                                                                                                                                        |                     |                                                                            |            |                                                    |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------|------------|----------------------------------------------------|------------------|-------------|--|
| No. <b>W 90358</b>                                                                                                                                     |                     | <b>Due no later than Feb 28, 2018</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>                                                  |            | DON NORRIS<br>3552 N 3000 E<br>TWIN FALLS ID 83301 |                  |             |  |
|                                                                                                                                                        |                     | <b>1. Mailing Address: Correct in this box if needed.</b>                  |            | 3. <u>New</u> Registered Agent Signature:*         |                  |             |  |
|                                                                                                                                                        |                     | DJ NORRIS FARMS, LLC<br>DON NORRIS<br>3552 N 3000 E<br>TWIN FALLS ID 83301 |            |                                                    |                  |             |  |
| 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                                                                                                                                                 | DON NORRIS          | 3552 N 3000 E                                                              | TWIN FALLS | ID                                                 | USA              | 83301       |  |
| MEMBER                                                                                                                                                 | DONALD J NORRIS 2ND | 3567 N 3100 E                                                              | TWIN FALLS | ID                                                 | USA              | 83301       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                     | 6. Annual Report must be signed.*                                          |            |                                                    |                  |             |  |
| <b>ID<br/>W 90358</b>                                                                                                                                  |                     | Signature: Don Norris                                                      |            |                                                    | Date: 01/01/2018 |             |  |
|                                                                                                                                                        |                     | Name (type or print): Don Norris                                           |            |                                                    | Title: Member    |             |  |
| Processed 01/01/2018                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.  |            |                                                    |                  |             |  |