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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 91717</b>                                                                                                                                     |                 | <b>Due no later than Mar 31, 2016</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>MOORE BLUE STONE ORGANIC FARM LLC<br>ROBERT J. MOORE<br>4026 N 3500 W<br>MOORE ID 83255 |       | ROBERT J MOORE<br>4026 N 3500 W<br>MOORE ID 83255  |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                                           |       | 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 J. MOORE | 4026 N 3500 W                                                                                                                                                                             | MOORE | ID                                                 | USA     | 83255       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 91717</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Robert J. Moore<br>Name (type or print): Robert J. Moore<br>Date: 01/23/2016<br>Title: Manager/Owner                                      |       |                                                    |         |             |  |
| Processed 01/23/2016                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                                 |       |                                                    |         |             |  |