

No. C 50616		Due no later than Dec 31, 2009 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) ULENE BUTIKOFER 424 NORTH 3900 EAST RIGBY ID 83442	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. BUTIKOFER VALLEY FARMS, INC. ULENE BUTIKOFER PO BOX 556 RIGBY ID 83442		3. New Registered Agent Signature.	
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
Pres.	Ulene Butikofer	PO Box 556	Rigby	Idaho	USA 83442
Sec.	Chamae Downard	1990 Sabin	Idaho Falls	Idaho	USA 83406
Directors:					
	Ulene Butikofer	PO Box 556	Rigby	Idaho	USA 83442
	Chamae Downard	1990 Sabin	Idaho Falls	Idaho	USA 83406
	Brent Park	3201 Paradise	Reynoldsburg	Idaho	USA 83440
5. Organized Under the Laws of:		6.			
IDAHO C 50616		Signature: <u>Ulene Butikofer</u>		Date: <u>11/11/2009</u>	
		Name (type or print): <u>Ulene Butikofer</u>		Title: <u>Pres.</u>	
Issued 11/04/2009 by DK1				200912000399	

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

**Block 3:** Only a new registered agent must sign in Block 3.

**Block 4:** Enter names and business addresses of president, secretary, and directors. **Note:** Do not put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. Be sure to include office held for each name listed.

**Block 5:** May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.

**\*\* The image of this form will be available on the Internet once it has been filed. DO NOT enter Social Security numbers.**

If the Corporation is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on the website at [www.sos.idaho.gov](http://www.sos.idaho.gov). However, if no timely annual report is filed, administrative action will be taken, at no cost to the Corporation to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

POSTMARK DATES WILL NOT BE ACCEPTED