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| No. W 62205 | | Due no later than May 31, 2009 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. LONNY VAN ORDEN FARMS, LLC KAREN T VANORDEN 35 N 1200 W BLACKFOOT ID 83221 | | KAREN T VAN ORDEN 35 N 1200 W BLACKFOOT ID 83221 | | | |
| | | | | 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 | KAREN T VAN ORDEN | 35 N 1200 W | BLACKFOOT | ID | USA | 83221 | |
| 5. Organized Under the Laws of: ID W 62205 | | 6. Annual Report must be signed.* Signature: Karen T Vanorden Name (type or print): Karen T Vanorden Date: 05/26/2009 Title: Manager | | | | | |
| Processed 05/26/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | | |