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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------|---------|-------------------------|--|
| No. <b>W 115949</b>                                                                                                                                    |                 | <b>Due no later than Jul 31, 2017</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>1. Mailing Address: Correct in this box if needed.</b><br><br>LEANING BARN FARMS LLC<br>DONALD M LIDSTROM<br>PO BOX 44304<br>BOISE ID 83711 |       | DONALD M LIDSTROM<br>1760 N MITCHELL ST<br>BOISE ID 83704 |         |                         |  |
|                                                                                                                                                        |                 |                                                                                                                                                |       | 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                                                                                                                                                 | LINDA L NICHOLS | 25733 STEPHEN LN                                                                                                                               | PARMA | ID                                                        | USA     | 83660                   |  |
| MEMBER                                                                                                                                                 | LYNN E NICHOLS  | 25733 STEPHEN LN                                                                                                                               | PARMA | ID                                                        | USA     | 83660                   |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                              |       |                                                           |         |                         |  |
| <b>ID<br/>W 115949</b>                                                                                                                                 |                 | Signature: DONALD M LIDSTROM                                                                                                                   |       |                                                           |         | Date: 05/17/2017        |  |
|                                                                                                                                                        |                 | Name (type or print): DONALD M LIDSTROM                                                                                                        |       |                                                           |         | Title: REGISTERED AGENT |  |
| Processed 05/17/2017                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                      |       |                                                           |         |                         |  |