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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------|---------|------------------|--|
| No. <b>W 133506</b>                                                                                                                                    |                   | <b>Due no later than Jan 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>1. Mailing Address: Correct in this box if needed.</b><br><br>PEAK CROP CONSULTING LLC<br>LINDSEY D COPE<br>2565 N 800 E<br>MONTEVIEW ID 83435 |           | LINDSEY D COPE<br>2565 N 800 E<br>MONTEVIEW ID 83435 |         |                  |  |
|                                                                                                                                                        |                   |                                                                                                                                                   |           | 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                                                                                                                                                | LINDSEY DALE COPE | 2565 N 800 E                                                                                                                                      | MONTEVIEW | ID                                                   | USA     | 83435            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                   | 6. Annual Report must be signed.*                                                                                                                 |           |                                                      |         |                  |  |
| <b>ID<br/>W 133506</b>                                                                                                                                 |                   | Signature: Lindsey D Cope                                                                                                                         |           |                                                      |         | Date: 02/04/2016 |  |
|                                                                                                                                                        |                   | Name (type or print): Lindsey D Cope                                                                                                              |           |                                                      |         | Title: Manager   |  |
| Processed 02/04/2016                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                         |           |                                                      |         |                  |  |