

|                                                                                                                                                        |              |                                                                                                                                         |        |                                                          |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------|---------|-------------|--|
| No. <b>W 142434</b>                                                                                                                                    |              | <b>Due no later than Sep 30, 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>MAGGIE CREEK FARMS, LLC<br>PO BOX 1228<br>KAMIAH ID 83536              |        | NORA MCCARTY<br>1252 KIDDER RIDGE RD<br>KOOSKIA ID 83539 |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                         |        | 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                                                                                                                                                 | NORA MCCARTY | P.O. BOX 1228                                                                                                                           | KAMIAH | ID                                                       | USA     | 83536       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 142434</b>                                                                                          |              | 6. Annual Report must be signed.*<br>Signature: Nora McCarty<br>Name (type or print): Nora McCarty<br>Date: 09/11/2017<br>Title: member |        |                                                          |         |             |  |
| Processed 09/11/2017                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                               |        |                                                          |         |             |  |