

|                                                                                                                                                        |               |                                                                                                                                                                                       |        |                                                          |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------|---------|-------------|--|
| No. <b>W 56217</b>                                                                                                                                     |               | <b>Due no later than Nov 30, 2009</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>FARMER'S CORNER, L.L.C.<br>SHANE D DOWNS<br>202 SOUTH HIGHWAY 27<br>BURLEY ID 83318 |        | SHANE D DOWNS<br>202 SOUTH HIGHWAY 27<br>BURLEY ID 83318 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                                                       |        | 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                                                                                                                                                | SHANE D DOWNS | 202 SOUTH HIGHWAY 27                                                                                                                                                                  | BURLEY | ID                                                       | USA     | 83318       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 56217</b>                                                                                           |               | 6. Annual Report must be signed.*<br>Signature: Shane Downs<br>Name (type or print): Shane Downs<br>Date: 12/17/2009<br>Title: Owner                                                  |        |                                                          |         |             |  |
| Processed 12/17/2009                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                                             |        |                                                          |         |             |  |