

|                                                                                                                                                        |             |                                                                                                                                                                                          |      |                                                      |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------------|---------|-------------|--|
| No. <b>C 157717</b>                                                                                                                                    |             | <b>Due no later than Dec 31, 2013</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>PIONEER LAND & LIVESTOCK, INC.<br>BRUCE BOYLE<br>185 S CAPITAL<br>IDAHO FALLS ID 83402 |      | BRUCE BOYLE<br>185 S CAPITAL<br>IDAHO FALLS ID 83402 |         |             |  |
|                                                                                                                                                        |             |                                                                                                                                                                                          |      | 3. <u>New</u> Registered Agent Signature:*           |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |             |                                                                                                                                                                                          |      |                                                      |         |             |  |
| Office Held                                                                                                                                            | Name        | Street or PO Address                                                                                                                                                                     | City | State                                                | Country | Postal Code |  |
| PRESIDENT                                                                                                                                              | BRUCE BOYLE | 64142 PIONEER LOOP ROAD                                                                                                                                                                  | BEND | OR                                                   | USA     | 97701       |  |
| SECRETARY                                                                                                                                              | JONI BOYLE  | 64142 PIONEER LOOP ROAD                                                                                                                                                                  | BEND | OR                                                   | USA     | 97701       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 157717</b>                                                                                          |             | 6. Annual Report must be signed.*<br>Signature: Barbara Winters<br>Name (type or print): Barbara Winters<br>Date: 11/04/2013<br>Title: Accounting Assistant                              |      |                                                      |         |             |  |
| Processed 11/04/2013                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                                                                |      |                                                      |         |             |  |