

|                                                                                                                                                        |                     |                                                                                                                                                                                               |            |                                                        |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------|---------------------|
| No. <b>W 867</b>                                                                                                                                       |                     | <b>Due no later than Feb 28, 2015</b>                                                                                                                                                         |            | <b>2. Registered Agent and Address (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>BURKS TRACTOR CO., L.L.C.<br>DOUGLAS P BURKS, JR<br>3140 KIMBERLY RD<br>TWIN FALLS ID 83301 |            | RODNEY K BURKS<br>3140 KIMBERLY RD<br>TWIN FALLS 83301 |                     |
|                                                                                                                                                        |                     |                                                                                                                                                                                               |            | 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                                                                                                                                                 | DOUGLAS P BURKS, JR | 3140 KIMBERLY RD                                                                                                                                                                              | TWIN FALLS | ID                                                     | 83301               |
| MEMBER                                                                                                                                                 | RODNEY K BURKS      | 3140 KIMBERLY RD                                                                                                                                                                              | TWIN FALLS | ID                                                     | 83301               |
| 5. Organized Under the Laws of:                                                                                                                        |                     | 6. Annual Report must be signed.*                                                                                                                                                             |            |                                                        |                     |
| <b>ID<br/>W 867</b>                                                                                                                                    |                     | Signature: Douglas P Burks Jr                                                                                                                                                                 |            | Date: 12/15/2014                                       |                     |
|                                                                                                                                                        |                     | Name (type or print): Douglas P Burks Jr                                                                                                                                                      |            | Title: Member                                          |                     |
| Processed 12/15/2014                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                                                                     |            |                                                        |                     |