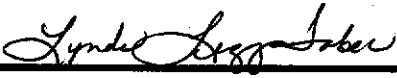


| | | | | | | | |
|--|--|---|----------------------|--|---------|-------------|--|
| No. W 69315 | Due no later than Dec 31, 2011 Annual Report Form | | | 2. Registered Agent and Office (NOT A P.O. BOX) LYNDA LEZAMIZ-TABER 1027 E 720 N RICHFIELD ID 83349 | | | |
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. LEZAMIZ FARMS, LLC 1027 E 720 N RICHFIELD ID 83349 | | | 3. New Registered Agent Signature. | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. | | | | | | | |
| Manager or Member <input checked="" type="checkbox"/> Manager <input type="checkbox"/> Member (circle one) | Name | Street or PO Address | City | State | Country | Postal Code | |
| | Lynda Lezamiz-Taber | PO Box 164 | Shoshone, Idaho USA | 83352 | | | |
| | Robin Lezamiz | 1027 E, 720 N | Richfield, Idaho USA | 83349 | | | |
| 5. Organized Under the Laws of: IDAHO W 69315 | 6. | Signature:  | Date: 1-19-12 | | | | |
| | Name (type or print): | Lynda Lezamiz-Taber | Title: manager | | | | |
| Issued 01/17/2012 by DK1 125611 | | | | | | | |

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.