| No. <b>W 169047</b>                                                                            |      | Due no later than Jul 31, 2018 Annual Report Form  1. Mailing Address: Correct in this box if needed.  OREN CARLTON CUSTOM FARMING, LLC  OREN CARLTON 4174 N 950 E  BUHL ID 83316 |                      | 2. Registered Agent and Address (NO PO BOX)                                  |                                    |         |             |  |
|------------------------------------------------------------------------------------------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------------------------------------------|------------------------------------|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080             |      |                                                                                                                                                                                   |                      | OREN CARLTON 4174 N 950 E BUHL ID 83316  3. New Registered Agent Signature:* |                                    |         |             |  |
| NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar               |      | nes and Addresses of at least on                                                                                                                                                  | e Member or Manager. |                                                                              |                                    |         |             |  |
| Office Held                                                                                    | Name |                                                                                                                                                                                   | or PO Address        | City                                                                         | State                              | Country | Postal Code |  |
| MANAGER OREN CARL                                                                              |      | ON 4174 N                                                                                                                                                                         | 950 E                | BUHL                                                                         | ID                                 | USA     | 83316       |  |
| 5. Organized Under the Laws of:  ID  W 169047                                                  |      | 6. Annual Report must be signed.* Signature: Oren Carlton Name (type or print): Oren Carlton                                                                                      |                      |                                                                              | Date: 06/16/2018<br>Title: Manager |         |             |  |
| Processed 06/16/2018 * Electronically provided signatures are accepted as original signatures. |      |                                                                                                                                                                                   |                      |                                                                              |                                    |         |             |  |