

|                                                                                                                                                        |               |                                                                                                                                         |       |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|-------------|--|
| No. <b>C 93763</b>                                                                                                                                     |               | <b>Due no later than Nov 30, 2008</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>1. Mailing Address: Correct in this box if needed.</b><br><br>BLAINE LARSEN FARMS, INC.<br>MARY LUSK<br>PO BOX 188<br>HAMER ID 83425 |       | BLAINE LARSEN<br>2379 E 2300 N<br>HAMER ID 83425   |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                         |       | 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                                                                                                                                              | BLAINE LARSEN | PO BOX 188                                                                                                                              | HAMER | ID                                                 | USA     | 83425       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 93763</b>                                                                                           |               | 6. Annual Report must be signed.*<br>Signature: Mary Lusk<br>Name (type or print): Mary Lusk                                            |       |                                                    |         |             |  |
|                                                                                                                                                        |               | Date: 10/01/2008<br>Title: HR Director                                                                                                  |       |                                                    |         |             |  |
| Processed 10/01/2008                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                               |       |                                                    |         |             |  |