

|                                                                                                                                                        |                    |                                                                                                                                      |         |                                                                     |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------------------|---------|-------------|--|
| No. <b>W 57269</b>                                                                                                                                     |                    | Due no later than Dec 31, 2009                                                                                                       |         | 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>SWAN VALLEY FARMS, LLC<br>PO BOX 51630<br>IDAHO FALLS ID 83405-1630 |         | DOUGLAS R NELSON<br>490 MEMORIAL DR STE 200<br>IDAHO FALLS ID 83405 |         |             |  |
|                                                                                                                                                        |                    |                                                                                                                                      |         | 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 |  |
| MANAGER                                                                                                                                                | PAUL R LILJENQUIST | 1139 E LOWELL CT                                                                                                                     | GILBERT | AZ                                                                  | USA     | 85296       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 57269</b>                                                                                           |                    | 6. Annual Report must be signed.*<br>Signature: Douglas R. Nelson<br>Name (type or print): Douglas R. Nelson                         |         |                                                                     |         |             |  |
| Date: 12/30/2009<br>Title: Registered Agent                                                                                                            |                    |                                                                                                                                      |         |                                                                     |         |             |  |
| Processed 12/30/2009                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                            |         |                                                                     |         |             |  |