

| No. C 179662 | Reinstatement Annual Report Form ADMIN DISSOLVED 11/05/2009 | 2. Registered Agent and Office (NOT A P.O. BOX) THEODORE F.S. RASMUSSEN 5739A LOVELL VALLEY RD PLUMMER ID 83851 | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|-------------|-------|----------------------|-------------|-------|---------|-------------|-------|---------------|------------------------|------|----|--|-------|---------|-----------------|------------------------|------|----|--|-------|
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00 | 1. Mailing Address: Correct in this box if needed. DRISCOLL RIDGE FARMS, INC. 5739A LOVELL VALLEY RD PLUMMER ID 83851 | 3. New Registered Agent Signature <i>Dennis Driscoll</i> DENNIS DRISCOLL 1040 DRISCOLL RIDGE RD TROY, ID 83871 | | | | | | | | | | | | | | | | | | | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>KATHRYN CASEY</td> <td>1040 DRISCOLL RIDGE RD</td> <td>TROY</td> <td>ID</td> <td></td> <td>83871</td> </tr> <tr> <td>V. Pres</td> <td>DENNIS DRISCOLL</td> <td>1040 DRISCOLL RIDGE RD</td> <td>TROY</td> <td>ID</td> <td></td> <td>83871</td> </tr> </tbody> </table> | | | Office Held | Name | Street or PO Address | City | State | Country | Postal Code | Pres. | KATHRYN CASEY | 1040 DRISCOLL RIDGE RD | TROY | ID | | 83871 | V. Pres | DENNIS DRISCOLL | 1040 DRISCOLL RIDGE RD | TROY | ID | | 83871 |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | |
| Pres. | KATHRYN CASEY | 1040 DRISCOLL RIDGE RD | TROY | ID | | 83871 | | | | | | | | | | | | | | | | | |
| V. Pres | DENNIS DRISCOLL | 1040 DRISCOLL RIDGE RD | TROY | ID | | 83871 | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO C 179662 | 6. Signature: <i>Kathryn Casey</i> Name (type or print): KATHRYN CASEY Date: <i>7/19/10</i> Title: Pres | | | | | | | | | | | | | | | | | | | | | | |

Issued 07/19/2010 by JL1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct 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.**

Block 3: Only a **new** registered agent ~~can~~ sign in Block 3.

Block 4: Enter names and business addresses of president, secretary, and directors. **Note:** **Do not put "same as last year" or "same as above". These will not be accepted.**

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.