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|--|--------------------------|---|------------|--|---------|-------------|--|
| No. J 1460 | | Due no later than Jun 30, 2012 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. VON BARGEN RANCH, L.L.P. TEENA VONBARGEN 596 GRAVES CREEK RD COTTONWOOD ID 83522 | | MICHAEL VON BARGEN 596 GRAVES CREEK RD COTTONWOOD ID 83522 | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners. | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| PARTNER | JOSEPH MICHAEL VONBARGEN | 596 GRAVES CREEK ROAD | COTTONWOOD | ID | USA | 83522 | |
| PARTNER | JILLIAN LEE VONBARGEN | 596 GRAVES CREEK ROAD | COTTONWOOD | ID | USA | 83522 | |
| PARTNER | MICHAEL VON BARGEN | 596 GRAVES CREEK RD | COTTONWOOD | ID | USA | 83522 | |
| PARTNER | TEENA VON BARGEN | 596 GRAVES CREEK RD | COTTONWOOD | ID | USA | 83522 | |
| 5. Organized Under the Laws of: ID J 1460 | | 6. Annual Report must be signed.* Signature: Teena VonBargen Name (type or print): Teena VonBargen Date: 04/16/2012 Title: Partner | | | | | |
| Processed 04/16/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | | |