

|  |                  |  |      |  |         |                  |  |
|--|------------------|--|------|--|---------|------------------|--|
| No. <b>W 58780</b>   |                  | <b>Due no later than Feb 28, 2014</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>BRIDGE FARMS LLC<br>WYNN DEWSNUP<br>BOX 168<br>ALMO ID 83312 |      | WYNN DEWSNUP<br>3020 ELBA-ALMO RD<br>ALMO ID 83312 |         |                  |  |
|  |                  |  |      | 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  | WYNN DEWSNUP     | 3020 ELBA-ALMO RD  | ALMO | ID   | USA     | 83312            |  |
| MANAGER  | JEANNINE DEWSNUP | 3020 ELBA-ALMO RD  | ALMO | ID   | USA     | 83312            |  |
| 5. Organized Under the Laws of:  |                  | 6. Annual Report must be signed.*  |      |  |         |                  |  |
| <b>ID<br/>W 58780</b>  |                  | Signature: Wynn R. Dewsnup   |      |  |         | Date: 01/24/2014 |  |
|  |                  | Name (type or print): Wynn R. Dewsnup  |      |  |         | Title: Manager   |  |
| Processed 01/24/2014   |                  | * Electronically provided signatures are accepted as original signatures.  |      |  |         |                  |  |