

|                                                                                                                                                        |               |                                                                                                                                             |         |                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------|---------|------------------|--|
| No. <b>W 4981</b>                                                                                                                                      |               | <b>Due no later than Nov 30, 2011</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>MGR FARMS LLC<br>GRANT H RICKS<br>3366 S 1400 W<br>REXBURG ID 83440<br>USA |         | GRANT H RICKS<br>3366 S 1400 W<br>REXBURG ID 83440 |         |                  |  |
|                                                                                                                                                        |               |                                                                                                                                             |         | 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                                                                                                                                                | GRANT H RICKS | 3366 S 1400 W                                                                                                                               | REXBURG | ID                                                 | USA     | 83440            |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                                                                           |         |                                                    |         |                  |  |
| <b>ID<br/>W 4981</b>                                                                                                                                   |               | Signature: Grant                                                                                                                            |         |                                                    |         | Date: 11/04/2011 |  |
|                                                                                                                                                        |               | Name (type or print): Grant                                                                                                                 |         |                                                    |         | Title: Manager   |  |
| Processed 11/04/2011                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                   |         |                                                    |         |                  |  |