

|  |                |   |          |  |                   |             |  |
|--|----------------|---|----------|--|-------------------|-------------|--|
| No. <b>W 82697</b>   |                | <b>Due no later than Mar 31, 2010</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>   |          | ROBERT B BYBEE<br>2014 E 1800 N<br>TERRETON ID 83450 |                   |             |  |
|  |                | <b>1. Mailing Address: Correct in this box if needed.</b>                 |          | 3. <u>New</u> Registered Agent Signature:*           |                   |             |  |
|  |                | BUNKER HILL FARMS LLC<br>BOB BYBEE<br>2014 E 1800 N<br>TERRETON ID 83450  |          |  |                   |             |  |
| 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 |  |
| MEMBER   | DONNA BYBEE    | 2014 E 1800 N   | TERRETON | ID   | USA               | 83450       |  |
| MEMBER   | ROBERT B BYBEE | 2014 E. 1800 N.   | TERRETON | ID   | USA               | 83450       |  |
| 5. Organized Under the Laws of:  |                | 6. Annual Report must be signed.*   |          |  |                   |             |  |
| <b>ID<br/>W 82697</b>  |                | Signature: Patty Poulsen  |          |  | Date: 02/20/2010  |             |  |
|  |                | Name (type or print): Patty Poulsen                                       |          |  | Title: Bookkeeper |             |  |
| Processed 02/20/2010   |                | * Electronically provided signatures are accepted as original signatures. |          |  |                   |             |  |