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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------|---------|------------------|--|
| No. <b>W 59374</b>                                                                                                                                     |              | <b>Due no later than Feb 28, 2017</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>SUNRISE POTATO LLC<br>SCOTT SEARLE<br>PO BOX H<br>SHELLEY ID 83274 |         | SCOTT SEARLE<br>959 E 1400 N<br>SHELLEY ID 83274   |         |                  |  |
|                                                                                                                                                        |              |                                                                                                                                                                      |         | 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      |  |
| MEMBER                                                                                                                                                 | SCOTT SEARLE | 959 E 1400 N                                                                                                                                                         | SHELLEY | ID                                                 | USA     | 83274            |  |
| 5. Organized Under the Laws of:                                                                                                                        |              | 6. Annual Report must be signed.*                                                                                                                                    |         |                                                    |         |                  |  |
| <b>ID<br/>W 59374</b>                                                                                                                                  |              | Signature: Scott Searle                                                                                                                                              |         |                                                    |         | Date: 12/22/2016 |  |
|                                                                                                                                                        |              | Name (type or print): Scott Searle                                                                                                                                   |         |                                                    |         | Title: member    |  |
| Processed 12/22/2016                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                            |         |                                                    |         |                  |  |