

|                                                                                                                                                        |                  |                                                                                                                                                     |              |                                                                   |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------|---------|-------------|--|
| No. <b>W 82899</b>                                                                                                                                     |                  | <b>Due no later than Apr 30, 2015</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>                                                                                                                           |              | RICHARD L FISHER<br>4937 SE 1ST AVE<br>NEW PLYMOUTH ID 83655-5248 |         |             |  |
|                                                                                                                                                        |                  | <b>1. Mailing Address: Correct in this box if needed.</b><br>FISHER FARMS, LLC<br>RICHARD L FISHER<br>4937 SE 1ST AVE<br>NEW PLYMOUTH ID 83655-5248 |              | 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                                                                                                                                                 | SUSAN R FISHER   | 4937 SE 1ST AVE                                                                                                                                     | NEW PLYMOUTH | ID                                                                | USA     | 83655       |  |
| MEMBER                                                                                                                                                 | RICHARD L FISHER | 4937 SE 1 AVE                                                                                                                                       | NEW PLYMOUTH | ID                                                                | USA     | 83655       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 82899</b>                                                                                           |                  | 6. Annual Report must be signed.*<br>Signature: Susan Fisher<br>Name (type or print): Susan Fisher<br>Date: 03/13/2015<br>Title: Member             |              |                                                                   |         |             |  |
| Processed 03/13/2015                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                           |              |                                                                   |         |             |  |