

|                                                                                                                                                        |               |                                                                           |        |                                                    |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------|--------|----------------------------------------------------|------------------|-------------|--|
| No. <b>C 117585</b>                                                                                                                                    |               | <b>Due no later than Dec 31, 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>                                                 |        | DAVID L FUNK<br>3040 N 3800 E<br>HANSEN 83334      |                  |             |  |
|                                                                                                                                                        |               | <b>1. Mailing Address: Correct in this box if needed.</b>                 |        | 3. <u>New</u> Registered Agent Signature:*         |                  |             |  |
|                                                                                                                                                        |               | SHOESOLE FARMS, INC.<br>SHIRLENE FUNK<br>3040 N 3800 E<br>HANSEN ID 83334 |        |                                                    |                  |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |               |                                                                           |        |                                                    |                  |             |  |
| Office Held                                                                                                                                            | Name          | Street or PO Address                                                      | City   | State                                              | Country          | Postal Code |  |
| SECRETARY                                                                                                                                              | SHIRLENE FUNK | 3040 N 3800 E                                                             | HANSEN | ID                                                 | USA              | 83334       |  |
| PRESIDENT                                                                                                                                              | DAVID L FUNK  | 3040 N 3800 E                                                             | HANSEN | ID                                                 | USA              | 83334       |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                         |        |                                                    |                  |             |  |
| <b>ID<br/>C 117585</b>                                                                                                                                 |               | Signature: Shirlene Funk                                                  |        |                                                    | Date: 10/22/2014 |             |  |
|                                                                                                                                                        |               | Name (type or print): Shirlene Funk                                       |        |                                                    | Title: Sec       |             |  |
| Processed 10/22/2014                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures. |        |                                                    |                  |             |  |