Service Assessment of the Control of		no later than Feb 29, 2012					
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Add HIGH MOUNTAIN 1096 NORTH EAS SUITE 200	Annual Report Form 1. Mailing Address: Correct in this box if needed. HIGH MOUNTAIN HAY, LLC 1096 NORTH EASTLAND DRIVE		DAVID SILVA 3477 N 2600 E TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: En	er Names and Addresses o	f at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER DR ST	MBER DR STIBAL FARMS INC		BUHL IDAHO FALLS KIMBERLY	ID ID ID	USA USA USA	83316 83401 83341	
5. Organized Under the Laws of: 6. Annual Rep		ust be signed.*					
ID Signature: Nicole W 58864 Name (type or pr		e Wilson rint): Nicole Wilson	Date: 12/12/2011 Title: Bookkeeper				
Processed 12/12/2011	* Electronically prov	* Electronically provided signatures are accepted as original signatures.					