| No. <b>C 91281</b>                                                                  |                                | Due no later than Jan 31, 2012                                                                                                                  |                                   | 2. Registered Agent and Address (NO PO BOX) |                                                                                         |          |            |                |
|-------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------|----------|------------|----------------|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 |                                | Annual Report Form  1. Mailing Address: Correct in this box if needed.  TRIPLE L FARMS, INC. LEROY WILCOX 5555 SOUTH 5700 WEST REXBURG ID 83440 |                                   |                                             | LEROY WILCOX 5555 SOUTH 5700 WEST REXBURG ID 83440  3. New Registered Agent Signature:* |          |            |                |
| NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and Busine      |                                | oce Addresses of Presid                                                                                                                         | ont Socratory and Directors Tro   | Daguer (e                                   | ontional                                                                                |          |            |                |
| Office Held                                                                         | Name                           | ess Addresses of Fresid                                                                                                                         | Street or PO Address              | easurer (c                                  | City                                                                                    | State    | Country    | Postal Code    |
| SECRETARY<br>PRESIDENT                                                              | LEROY WILCOX<br>LORNA K WILCOX |                                                                                                                                                 | 5555 S 5700 W<br>5555 S 5700 W    |                                             | REXBURG<br>REXBURG                                                                      | ID<br>ID | USA<br>USA | 83440<br>83440 |
| 5. Organized Under the Laws of:                                                     |                                | 6. Annual Report must be signed.*                                                                                                               |                                   |                                             |                                                                                         |          |            |                |
| ID<br>C 91281                                                                       |                                | Signature: Lorna Wilcox                                                                                                                         |                                   |                                             | Date: 11/07/2011                                                                        |          |            |                |
|                                                                                     |                                | Name (type or print): Lorna Wilcox                                                                                                              |                                   |                                             | Title: President                                                                        |          |            |                |
| Processed 11/07/2011                                                                |                                | * Electronically provide                                                                                                                        | d signatures are accepted as orig | jinal signa                                 | tures.                                                                                  |          |            |                |