

|                                                                                                                                                        |                 |                                                                                                                                                                                    |         |                                                         |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------|---------------------|
| No. <b>W 6966</b>                                                                                                                                      |                 | <b>Due no later than Sep 30, 2018</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>D & A SCHIESS FARMS, LLC<br>ANNE SCHIESS<br>1009 E PRESTO RD<br>SHELLEY ID 83274 |         | DAVID R SCHIESS<br>1009 E PRESTO RD<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 |
| MANAGER                                                                                                                                                | DAVID R SCHIESS | 1009 E PRESTO RD                                                                                                                                                                   | SHELLEY | ID                                                      | 83274               |
| MANAGER                                                                                                                                                | ANNE SCHIESS    | 1009 E PRESTO RD                                                                                                                                                                   | SHELLEY | ID                                                      | 83274               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 6966</b>                                                                                            |                 | 6. Annual Report must be signed.*<br>Signature: Anne Schiess<br>Name (type or print): Anne Schiess<br>Date: 08/08/2018<br>Title: Manager                                           |         |                                                         |                     |
| Processed 08/08/2018                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                          |         |                                                         |                     |