

|  |                  |  |            |  |         |             |
|--|------------------|--|------------|--|---------|-------------|
| No. <b>C 29290</b>   |                  | Due no later than May 31, 2009<br><b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b><br>HOP GROWERS OF AMERICA, INC.<br>ANN GEORGE<br>PO BOX 1207<br>MOXEE WA 98936 |            | TRACEY L TENG<br>101 E GROVE AVE<br>PARMA ID 83660 |         |             |
|  |                  |  |            | 3. <u>New</u> Registered Agent Signature:*         |         |             |
| 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 |
| DIRECTOR   | JARED FAVILLA    | 5050 W WAPATO RD   | WAPATO     | WA   | USA     | 98951       |
| DIRECTOR   | PHILLIP OBENDORF | 26469 DEB LN   | PARMA      | ID   | USA     | 83660       |
| PRESIDENT  | RONALD BRULOTTE  | 7502 CAMPBELL RD   | TOPPENISH  | WA   | USA     | 98948       |
| DIRECTOR   | AARON GAMACHE    | P O BOX 392  | TOPPENISH  | WA   | USA     | 98948       |
| SECRETARY  | DEAN MCKAY       | 19172 NE FRENCH PRAIRIE RD   | ST PAUL    | OR   | USA     | 97137       |
| DIRECTOR   | KYLE SHINN       | 780 HOP RD   | TOPPENISH  | WA   | USA     | 98948       |
| DIRECTOR   | RICHARD KIRK     | P O BOX 456  | SAINT PAUL | OR   | USA     | 97137       |
| 5. Organized Under the Laws of:<br><br><b>WA<br/>C 29290</b>   |                  | 6. Annual Report must be signed.*<br>Signature: Ann George<br>Name (type or print): Ann George   |            |  |         |             |
|  |                  | Date: 03/27/2009<br>Title: Administrator   |            |  |         |             |
| Processed 03/27/2009   |                  | * Electronically provided signatures are accepted as original signatures.  |            |  |         |             |