| No. **W 2753** | **Due no later than Aug 31, 2015** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **Annual Report Form**<br>**1. Mailing Address: Correct in this box if needed.**<br>DELTA FARMS, LLC<br>MICHAEL T LEWIS<br>BOX 631<br>1627 S 2350 E<br>MALTA ID 83342 | MICHAEL T LEWIS<br>1627 S 2350 E<br>MALTA ID 83342<br><br>3. New 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 | RODNEY N HALL | #2 JANE LN BOX 631 | MALTA | ID | | 83342 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**W 2753** | Signature: Michael T Lewis | Date: 06/24/2015 |
| | Name (type or print): Michael T Lewis | Title: Member |

Processed 06/24/2015

* Electronically provided signatures are accepted as original signatures.