

|                                                                                                                                                        |                |                                                                           |      |                                                    |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------|------|----------------------------------------------------|------------------|-------------|--|
| No. <b>W 176213</b>                                                                                                                                    |                | <b>Due no later than Dec 31, 2017</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>                                                 |      | JOSHUA D JONES<br>1021 BETHEL RD<br>TROY ID 83871  |                  |             |  |
|                                                                                                                                                        |                | <b>1. Mailing Address: Correct in this box if needed.</b>                 |      | 3. <u>New</u> Registered Agent Signature:*         |                  |             |  |
|                                                                                                                                                        |                | JOSH JONES FARMS LLC<br>JOSHUA D JONES<br>1021 BETHEL RD<br>TROY ID 83871 |      |                                                    |                  |             |  |
| 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                                                                                                                                                | JOSHUA D JONES | 1021 BETHEL RD                                                            | TROY | ID                                                 | USA              | 83871-9600  |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                         |      |                                                    |                  |             |  |
| <b>ID<br/>W 176213</b>                                                                                                                                 |                | Signature: Joshua D. Jones                                                |      |                                                    | Date: 11/02/2017 |             |  |
|                                                                                                                                                        |                | Name (type or print): Joshua D. Jones                                     |      |                                                    | Title: Manager   |             |  |
| Processed 11/02/2017                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures. |      |                                                    |                  |             |  |