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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------|---------|-------------|--|
| No. <b>W 37368</b>                                                                                                                                     |                   | <b>Due no later than Mar 31, 2014</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>DAL SCHWENDIMAN FARMS, LLC.<br>DAL SCHWENDIMAN<br>PO BOX 56<br>NEWDALE ID 83436-0056<br>USA |         | DAL D SCHWENDIMAN<br>198 LENT AVE<br>NEWDALE ID 83436 |         |             |  |
|                                                                                                                                                        |                   |                                                                                                                                                                                               |         | 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 |  |
| MEMBER                                                                                                                                                 | DAL D SCHWENDIMAN | 198 LENT AVE                                                                                                                                                                                  | NEWDALE | ID                                                    | USA     | 83436       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 37368</b>                                                                                           |                   | 6. Annual Report must be signed.*<br>Signature: Dal Schwendiman<br>Name (type or print): Dal Schwendiman<br>Date: 03/31/2014<br>Title: President                                              |         |                                                       |         |             |  |
| Processed 03/31/2014                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                                                     |         |                                                       |         |             |  |