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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------|---------|-------------|--|
| No. <b>C 29548</b>                                                                                                                                     |                 | <b>Due no later than Oct 31, 2012</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><br>BLAIR M. GEISLER FARM SUPPLY, INC.<br>STEVE GEISLER<br>51 S LAVASIDE ROAD<br>BLACKFOOT ID 83221 |           | LORENE M. GEISLER<br>2885 GREENTREE LANE<br>IDAHO FALLS ID 83404 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                  |           | 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 |  |
| PRESIDENT                                                                                                                                              | STEVE GEISLER   | 51 S LAVASIDE ROAD                                                                                                                                               | BLACKFOOT | ID                                                               | USA     | 83221       |  |
| SECRETARY                                                                                                                                              | ALLISON GEISLER | 51 S LAVASIDE                                                                                                                                                    | BLACKFOOT | ID                                                               | USA     | 83221       |  |
| DIRECTOR                                                                                                                                               | STEVE GEISLER   | 51 S LAVASIDE ROAD                                                                                                                                               | BLACKFOOT | ID                                                               | USA     | 83221       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 29548</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Allison Geisler<br>Name (type or print): Allison Geisler<br>Date: 08/16/2012<br>Title: Secretary                 |           |                                                                  |         |             |  |
| Processed 08/16/2012                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                        |           |                                                                  |         |             |  |