

|  |                  |   |       |  |         |  |  |
|--|------------------|---|-------|--|---------|--|--|
| No. C 144378   |                  | Due no later than Jun 30, 2014<br><b>Annual Report Form</b>   |       | 2. Registered Agent and Address ( <b>NO PO BOX</b> )     |         |  |  |
| Return to:<br><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> |                  | 1. Mailing Address: <b>Correct in this box if needed.</b><br><br>BROKEN SICKLE FARMS, INC.<br>BRIAN T ATKINSON<br>1364 GRANDVIEW AVE<br>PARMA ID 83660<br>USA |       | BRIAN T ATKINSON<br>1364 GRANDVIEW 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                                |  |
| TREASURER  | BRIAN T ATKINSON | 1364 GRANDVIEW AVE  | PARMA | ID   | USA     | 83660                                      |  |
| SECRETARY  | CINDY L ATKINSON | 1364 GRANDVIEW AVE  | PARMA | ID   | USA     | 83660                                      |  |
| PRESIDENT  | BRIAN T ATKINSON | 1364 GRANDVIEW AVE  | PARMA | ID   | USA     | 83660                                      |  |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>C 144378</b>  |                  | 6. Annual Report must be signed.*<br><br>Signature: Cindy Atkinson<br>Name (type or print): Cindy Atkinson<br><br>Date: 07/15/2014<br>Title: Secretary        |       |  |         |  |  |
| Processed 07/15/2014 * Electronically provided signatures are accepted as original signatures.   |                  |   |       |  |         |  |  |