

|   |                    |   |        |   |         |             |  |
|---|--------------------|---|--------|---|---------|-------------|--|
| No. <b>W 10630</b>  |                    | <b>Due no later than Dec 31, 2011</b><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  |                    | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>DOUBLE R FARMS, LLC<br>BETTY HOCKENBERRY<br>PO BOX 199<br>JEROME ID 83338<br>USA |        | ROBERT SHILLINGTON<br>1801 S LINCOLN<br>JEROME ID 83338 |         |             |  |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>  |                    |   |        | 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  | RONALD AMBROSE     | 1801 S LINCOLN  | JEROME | ID  | USA     | 83338       |  |
| MEMBER  | ROBERT SHILLINGTON | 1801 S LINCOLN  | JEROME | ID  | USA     | 83338       |  |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 10630</b>                                  |                    | 6. Annual Report must be signed.*<br><br>Signature: Betty Hockenberry<br>Name (type or print): Betty Hockenberry                                  |        |   |         |             |  |
|   |                    | Date: 12/20/2011<br>Title: Office Manager   |        |   |         |             |  |
| Processed 12/20/2011      * Electronically provided signatures are accepted as original signatures. |                    |   |        |   |         |             |  |