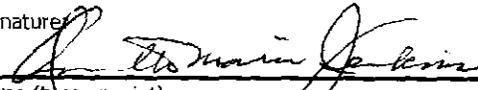


No. <b>W 116469</b>	<b>Due no later than Aug 31, 2015 Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> THORNTON FARMS, LLC ANNETTE MARIE JENKINS 2703 E 3650 N TWIN FALLS ID 83301 USA		ANNETTE M JENKINS 2703 E 3650 N TWIN FALLS ID 83301  3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 15%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Fed Thornton</td> <td>12043 W. Tidewater</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83713</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Annette Jenkins</td> <td>2703 E. 3650 N.</td> <td>Twin Falls</td> <td>ID</td> <td>USA</td> <td>83301</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Fed Thornton	12043 W. Tidewater	Boise	ID	USA	83713	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Annette Jenkins	2703 E. 3650 N.	Twin Falls	ID	USA	83301	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO W 116469</b>	6. Signature:  Date: <u>6-29-15</u> Name (type or print): <u>Annette Marie Jenkins</u> Title: <u>Manager</u>																																					
Issued 06/23/2015 by CLH			117412																																			