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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------|---------------------|
| No. <b>W 118853</b>                                                                                                                                    |                 | <b>Due no later than Nov 30, 2015</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>GEHRING AG MAGIC VALLEY, L.L.C.<br>JARED A GEHRING<br>3656 GEHRING RD<br>AMERICAN FALLS ID 83211 |                | JARED A GEHRING<br>3656 GEHRING RD<br>AMERICAN FALLS ID 83211 |                     |
|                                                                                                                                                        |                 |                                                                                                                                                                                                    |                | 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                                                                                                                                                 | JARED A GEHRING | 3656 GEHRING RD                                                                                                                                                                                    | AMERICAN FALLS | ID                                                            | USA 83211           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 118853</b>                                                                                          |                 | 6. Annual Report must be signed.*<br>Signature: Jared A. Gehring<br>Name (type or print): Jared A. Gehring<br>Date: 10/03/2015<br>Title: member                                                    |                |                                                               |                     |
| Processed 10/03/2015                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                                          |                |                                                               |                     |