

|                                                                                                                                                        |                       |                                                                                                                                                                                                  |          |                                                             |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------|---------|-------------|--|
| No. <b>W 45032</b>                                                                                                                                     |                       | <b>Due no later than Dec 31, 2007</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>ERNIE'S ORGANICS, LLC<br>FREDERIC A BROSSY III<br>828 BLUE LAKES BLVD N<br>TWIN FALLS ID 83301 |          | FREDERIC A BROSSY III<br>365 BRYANT RD<br>SHOSHONE ID 83352 |         |             |  |
|                                                                                                                                                        |                       |                                                                                                                                                                                                  |          | 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                                                                                                                                                 | FREDERIC A BROSSY III | PO BOX 669                                                                                                                                                                                       | SHOSHONE | ID                                                          | USA     | 83352       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 45032</b>                                                                                           |                       | 6. Annual Report must be signed.*<br>Signature: Nicole Keyes<br>Name (type or print): Nicole Keyes<br>Date: 10/09/2007<br>Title: Bookkeeper                                                      |          |                                                             |         |             |  |
| Processed 10/09/2007                                                                                                                                   |                       | * Electronically provided signatures are accepted as original signatures.                                                                                                                        |          |                                                             |         |             |  |