

| <p>No. W 137266</p> | <p>Due no later than Apr 30, 2017 Annual Report Form</p> | | <p>2. Registered Agent and Office (NOT A P.O. BOX) DARIN ANDERSON 916 1ST AVE DEARY ID 83823</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-------------------------------|---|-------------------|---------|----------------------|------|-------|---------|-------------|---|-----------------|-------------------------------|--|----|-------|----------|---|-----------|----------------|-----------|----|--|-------|---|----------------|--------------------|-----------|----|--|-------|---|----------------|-------------|-------|-------|----|-------|
| <p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p>NO FILING FEE IF RECEIVED BY DUE DATE</p> | <p>1. Mailing Address: Correct in this box if needed. FAMILY ANDERSON FARMS, LLC PO BOX 156 DEARY ID 83823</p> | | <p>3. <u>New</u> Registered Agent Signature.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>SHARON ANDERSON</td> <td>205 INDIAN HILLS MOSCOW ID</td> <td></td> <td>ID</td> <td>LATAI</td> <td>882 3252</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>FAMI OOKA</td> <td>570 SOUTH TRAF</td> <td>KENNEWICK</td> <td>WA</td> <td></td> <td>99336</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>PAULA KNAPSTAD</td> <td>3506 SOUTH TAOALIA</td> <td>KENNEWICK</td> <td>WA</td> <td></td> <td>99337</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>DARIN ANDERSON</td> <td>916 1ST AVE</td> <td>DEARY</td> <td>LATAI</td> <td>ID</td> <td>83823</td> </tr> </tbody> </table> | | | | Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | SHARON ANDERSON | 205 INDIAN HILLS MOSCOW ID | | ID | LATAI | 882 3252 | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | FAMI OOKA | 570 SOUTH TRAF | KENNEWICK | WA | | 99336 | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | PAULA KNAPSTAD | 3506 SOUTH TAOALIA | KENNEWICK | WA | | 99337 | Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | DARIN ANDERSON | 916 1ST AVE | DEARY | LATAI | ID | 83823 |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | DARIN ANDERSON | 916 1ST AVE | DEARY | LATAI | ID | 83823 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>5. Organized Under the Laws of:</p> <p>IDAHO W 137266</p> | <p>6. Signature: <u>Darin E. Anderson</u> Date: <u>2-27-17</u> Name (type or print): <u>DARIN E. ANDERSON</u> Title: <u>PARTNER</u></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Issued 02/22/2017 by SAT 126136</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |