

|                                                                                                                                                        |           |                                                                                                                                                                           |       |                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|------------------|--|
| No. <b>W 90652</b>                                                                                                                                     |           | <b>Due no later than Feb 28, 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>DUSTY FARMS, LLC<br>RYAN MOSS<br>301 SCOTT AVE STE 2<br>RUPERT ID 83350 |       | RYAN MOSS<br>2450 EAST 600 SOUTH<br>DELCO 83323    |         |                  |  |
|                                                                                                                                                        |           |                                                                                                                                                                           |       | 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                                                                                                                                                 | RYAN MOSS | 2450 EAST 600 SOUTH                                                                                                                                                       | DECLO | ID                                                 | USA     | 83323            |  |
| 5. Organized Under the Laws of:                                                                                                                        |           | 6. Annual Report must be signed.*                                                                                                                                         |       |                                                    |         |                  |  |
| <b>ID<br/>W 90652</b>                                                                                                                                  |           | Signature: klade williams                                                                                                                                                 |       |                                                    |         | Date: 12/15/2014 |  |
|                                                                                                                                                        |           | Name (type or print): klade williams                                                                                                                                      |       |                                                    |         | Title: cfo       |  |
| Processed 12/15/2014                                                                                                                                   |           | * Electronically provided signatures are accepted as original signatures.                                                                                                 |       |                                                    |         |                  |  |