

|  |                 |  |        |  |         |                  |  |
|--|-----------------|--|--------|--|---------|------------------|--|
| No. <b>W 98551</b>   |                 | <b>Due no later than Dec 31, 2012</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>1. Mailing Address: Correct in this box if needed.</b><br>SO-IDA COMMODITIES, LLC<br>BRADLEY D CAPPS<br>PO BOX 824<br>JEROME ID 83338 |        | BRADLEY D CAPPS<br>483 S 300 W<br>JEROME ID 83338  |         |                  |  |
|  |                 |  |        | 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      |  |
| MANAGER  | BRADLEY D CAPPS | PO BOX 824   | JEROME | ID   | USA     | 83338            |  |
| 5. Organized Under the Laws of:  |                 | 6. Annual Report must be signed.*  |        |  |         |                  |  |
| <b>ID<br/>W 98551</b>  |                 | Signature: Bradley D Capps   |        |  |         | Date: 11/07/2012 |  |
|  |                 | Name (type or print): Bradley D Capps  |        |  |         | Title: Manager   |  |
| Processed 11/07/2012   |                 | * Electronically provided signatures are accepted as original signatures.  |        |  |         |                  |  |