

|                                                                                                                                                        |                |                                                                                                                                                                    |          |                                                    |         |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------|---------|-------------|
| No. <b>C 94631</b>                                                                                                                                     |                | Due no later than Mar 31, 2015                                                                                                                                     |          | 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><b>1. Mailing Address: Correct in this box if needed.</b><br>VALLEY CO-OPS, INC.<br>DEREK BREWER<br>1833 S LINCOLN<br>JEROME ID 83338 |          | DONN BORDEWYK<br>1833 S LINCOLN<br>JEROME 83338    |         |             |
|                                                                                                                                                        |                |                                                                                                                                                                    |          | 3. <u>New</u> Registered Agent Signature:*         |         |             |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                |                                                                                                                                                                    |          |                                                    |         |             |
| Office Held                                                                                                                                            | Name           | Street or PO Address                                                                                                                                               | City     | State                                              | Country | Postal Code |
| DIRECTOR                                                                                                                                               | MARTY BEADZ    | 1755 E 2800 S                                                                                                                                                      | WENDELL  | ID                                                 | USA     | 83355       |
| DIRECTOR                                                                                                                                               | JERRY ANDREWS  | 1826 E 3000 S                                                                                                                                                      | WENDELL  | ID                                                 | USA     | 83355       |
| DIRECTOR                                                                                                                                               | MARK FREY      | 1047 E 3300 N                                                                                                                                                      | BUHL     | ID                                                 | USA     | 83316       |
| DIRECTOR                                                                                                                                               | TED PIERSON    | 1834 E 1600 S                                                                                                                                                      | GOODING  | ID                                                 | USA     | 83330       |
| SECRETARY                                                                                                                                              | KAREN FIELDS   | 32 E. HUYSER DR                                                                                                                                                    | SHOSHONE | ID                                                 | USA     | 83352       |
| DIRECTOR                                                                                                                                               | DON TABER      | 312 E 20 N                                                                                                                                                         | SHOSHONE | ID                                                 | USA     | 83352       |
| PRESIDENT                                                                                                                                              | CARL PENDLETON | 50 W 620 N                                                                                                                                                         | SHOSHONE | ID                                                 | USA     | 83352       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 94631</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Derek Brewer<br>Name (type or print): Derek Brewer                                                                 |          |                                                    |         |             |
| Processed 01/20/2015                                                                                                                                   |                | Date: 01/20/2015<br>Title: Controller                                                                                                                              |          |                                                    |         |             |
| * Electronically provided signatures are accepted as original signatures.                                                                              |                |                                                                                                                                                                    |          |                                                    |         |             |