

|                                                                                                                                                        |               |                                                                           |            |                                                       |                     |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------|------------|-------------------------------------------------------|---------------------|-------------|--|
| No. <b>W 91528</b>                                                                                                                                     |               | <b>Due no later than Mar 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>Annual Report Form</b>                                                 |            | DAVID PATRICK<br>3740 N 2600 E<br>TWIN FALLS ID 83301 |                     |             |  |
|                                                                                                                                                        |               | <b>1. Mailing Address: Correct in this box if needed.</b>                 |            | 3. <u>New</u> Registered Agent Signature:*            |                     |             |  |
|                                                                                                                                                        |               | JD FARMING, LLC<br>DAVID PATRICK<br>3740 N 2600 E<br>TWIN FALLS ID 83301  |            |                                                       |                     |             |  |
| 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                                                                                                                                                 | DAVID PATRICK | 3740 N 2600 E                                                             | TWIN FALLS | ID                                                    | USA                 | 83301       |  |
| MEMBER                                                                                                                                                 | JIM PATRICK   | 2231 E 3200 N                                                             | TWIN FALLS | ID                                                    | USA                 | 83301       |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                         |            |                                                       |                     |             |  |
| <b>ID<br/>W 91528</b>                                                                                                                                  |               | Signature: David Patrick                                                  |            |                                                       | Date: 03/01/2012    |             |  |
|                                                                                                                                                        |               | Name (type or print): David Patrick                                       |            |                                                       | Title: Owner/member |             |  |
| Processed 03/01/2012                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures. |            |                                                       |                     |             |  |