

| No. <b>W 2753</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Due no later than August 31, 2005</b><br><b>Annual Report Form</b>                                                                                                                                                                                                                                                                                                                                                                          |                                              | 2. Registered Agent and Office <b>NO PO BOX</b><br><br>MICHAEL T LEWIS<br>1627 S 2350 E<br>MALTA, ID 83342 |                                                                                               |                      |                                                                |                      |              |            |         |                  |                                              |    |  |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------|----------------------|--------------|------------|---------|------------------|----------------------------------------------|----|--|-------|
| 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1. Mailing Address - Correct in this box, if applicable<br><br>DELTA FARMS, LLC<br>MICHAEL T LEWIS<br>#2 JANE LN BOX 631<br>1627 S 2350 E<br>MALTA, ID 83342                                                                                                                                                                                                                                                                                   |                                              | 3. New Registered Agent Signature                                                                          |                                                                                               |                      |                                                                |                      |              |            |         |                  |                                              |    |  |       |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 5%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">Manager</td> <td style="vertical-align: top;">Michael T. Lewis</td> <td style="vertical-align: top;"><del>same as above</del><br/>PO Box 631 Malta</td> <td style="vertical-align: top;">ID</td> <td style="vertical-align: top;"></td> <td style="vertical-align: top;">83342</td> </tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                                                                                            | <u>Office held</u>                                                                            | <u>Name</u>          | <u>Street or P.O. Address</u>                                  | <u>City</u>          | <u>State</u> | <u>Zip</u> | Manager | Michael T. Lewis | <del>same as above</del><br>PO Box 631 Malta | ID |  | 83342 |
| <u>Office held</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>Name</u>                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>Street or P.O. Address</u>                | <u>City</u>                                                                                                | <u>State</u>                                                                                  | <u>Zip</u>           |                                                                |                      |              |            |         |                  |                                              |    |  |       |
| Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Michael T. Lewis                                                                                                                                                                                                                                                                                                                                                                                                                               | <del>same as above</del><br>PO Box 631 Malta | ID                                                                                                         |                                                                                               | 83342                |                                                                |                      |              |            |         |                  |                                              |    |  |       |
| 5. Organized Under the Laws of:<br><br>IDAHO<br>W 2753                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 6. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;">           Signature  </td> <td style="width: 40%;">           Date <b>8 JUN 05</b> </td> </tr> <tr> <td>           Name <small>(Typed or Printed)</small> <b>Michael T. Lewis</b> </td> <td>           Title <b>MANAGER</b> </td> </tr> </table> |                                              |                                                                                                            | Signature  | Date <b>8 JUN 05</b> | Name <small>(Typed or Printed)</small> <b>Michael T. Lewis</b> | Title <b>MANAGER</b> |              |            |         |                  |                                              |    |  |       |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date <b>8 JUN 05</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                              |                                                                                                            |                                                                                               |                      |                                                                |                      |              |            |         |                  |                                              |    |  |       |
| Name <small>(Typed or Printed)</small> <b>Michael T. Lewis</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Title <b>MANAGER</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                              |                                                                                                            |                                                                                               |                      |                                                                |                      |              |            |         |                  |                                              |    |  |       |