

|                                                                                                                                                        |              |                                                                                                                                                                            |        |                                                        |         |                      |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------|---------|----------------------|--|
| No. <b>W 2883</b>                                                                                                                                      |              | <b>Due no later than Sep 30, 2010</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>HOFFMAN FARMING LIMITED LIABILITY COMPANY<br>ALAN A. HOFFMAN<br>1511 THORN CREEK RD<br>MOSCOW ID 83843<br>USA |        | ALAN HOFFMAN<br>1511 THORN CREEK RD<br>MOSCOW ID 83843 |         |                      |  |
|                                                                                                                                                        |              |                                                                                                                                                                            |        | 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                                                                                                                                                | ALAN HOFFMAN | 1511 THORN CREEK RD                                                                                                                                                        | MOSCOW | ID                                                     | USA     | 83843                |  |
| 5. Organized Under the Laws of:                                                                                                                        |              | 6. Annual Report must be signed.*                                                                                                                                          |        |                                                        |         |                      |  |
| <b>WA<br/>W 2883</b>                                                                                                                                   |              | Signature: Alan Hoffman                                                                                                                                                    |        |                                                        |         | Date: 09/29/2010     |  |
|                                                                                                                                                        |              | Name (type or print): Alan Hoffman                                                                                                                                         |        |                                                        |         | Title: Owner/Manager |  |
| Processed 09/29/2010                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                                  |        |                                                        |         |                      |  |