

|                                                                                                                                                        |                  |                                                                                                                                                             |         |                                                            |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------------------------------|---------|------------------|--|
| No. <b>C 182009</b>                                                                                                                                    |                  | <b>Due no later than Feb 29, 2016</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>MOTICHKA FARMS, INC.<br>MOTICHKA FARMS, INC<br>1057 N CRANE RD<br>MIDVALE ID 83645-5515<br>USA |         | MYRON MOTICHKA<br>1057 N CRANE RD<br>MIDVALE ID 83645-5515 |         |                  |  |
|                                                                                                                                                        |                  |                                                                                                                                                             |         | 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      |  |
| PRESIDENT                                                                                                                                              | MYRON L MOTICHKA | 1057 N CRANE RD                                                                                                                                             | MIDVALE | ID                                                         | USA     | 83645-5515       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                                           |         |                                                            |         |                  |  |
| <b>MT<br/>C 182009</b>                                                                                                                                 |                  | Signature: Myron L Motichka                                                                                                                                 |         |                                                            |         | Date: 02/03/2016 |  |
|                                                                                                                                                        |                  | Name (type or print): Myron L Motichka                                                                                                                      |         |                                                            |         | Title: President |  |
| Processed 02/03/2016                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                   |         |                                                            |         |                  |  |