

No. W 90298	Due no later than Feb 28, 2011 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		DENNIS K FROEMING 2620 NE 16TH AVE PAYETTE ID 83661-6000			
	HEALTHY GRASSLANDS, L.L.C. DENNIS K FROEMING 2620 NE 16TH AVE PAYETTE ID 83661-6000		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
MEMBER	DENNIS K FROEMING	2620 NE 16TH AVE.	PAYETTE	ID	USA	83661-6000
5. Organized Under the Laws of: ID W 90298		6. Annual Report must be signed.* Signature: Dennis K. Froeming Name (type or print): Dennis K. Froeming Date: 12/09/2010 Title: Owner-Manager				
Processed 12/09/2010		* Electronically provided signatures are accepted as original signatures.				