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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------|---------------------|
| No. <b>W 36644</b>                                                                                                                                     |             | <b>Due no later than Feb 28, 2015</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><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>MORGAN HAY FARMS, LLC<br>DREW MORGAN<br>4257 N 2656 E<br>TWIN FALLS ID 83301 |            | DREW MORGAN<br>4257 N 2656 E<br>TWIN FALLS 83301   |                     |
|                                                                                                                                                        |             |                                                                                                                                                                                |            | 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                                                                                                                                                 | DREW MORGAN | 4257 N 2656 E                                                                                                                                                                  | TWIN FALLS | ID                                                 | 83301               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 36644</b>                                                                                           |             | 6. Annual Report must be signed.*<br>Signature: drew morgan<br>Name (type or print): drew morgan<br>Date: 03/31/2015<br>Title: member                                          |            |                                                    |                     |
| Processed 03/31/2015                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                                                      |            |                                                    |                     |