

|  |             |   |         |  |         |             |  |
|--|-------------|---|---------|--|---------|-------------|--|
| No. <b>W 75199</b>   |             | <b>Due no later than Jun 30, 2017</b><br><b>Annual Report Form</b>  |         | 2. Registered Agent and Address ( <b>NO PO BOX</b> ) |         |             |  |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |             | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>SHARP FARMS & TRUCKING, LLC<br>JASON SHARP<br>2837 E 400 N<br>ROBERTS ID 83444 |         | JASON SHARP<br>2837 E 400 N<br>ROBERTS ID 83444      |         |             |  |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>   |             |   |         | 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   | JASON SHARP | 2837 E 400 N  | ROBERTS | ID   | 83444   |             |  |
| MEMBER   | TRINA SHARP | 2837 E 400 N  | ROBERTS | ID   | 83444   |             |  |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 75199</b>                                 |             | 6. Annual Report must be signed.*<br><br>Signature: Trina Sharp<br>Name (type or print): Trina Sharp  |         |  |         |             |  |
|  |             | Date: 06/12/2017<br>Title: Member   |         |  |         |             |  |
| Processed 06/12/2017 * Electronically provided signatures are accepted as original signatures.     |             |   |         |  |         |             |  |