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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------|---------------------|
| No. <b>W 118</b>                                                                                                                                       |                   | <b>Due no later than Dec 31, 2011</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>THREE GRACES, LTD. CO. (THE)<br>RONALD N GRAVES<br>J. R. SIMPLOT COMPANY<br>P O BOX 27<br>BOISE ID 83707-0027 |       | RONALD N GRAVES<br>999 MAIN, SUITE 1300<br>BOISE ID 83702 |                     |
|                                                                                                                                                        |                   |                                                                                                                                                                                                                 |       | 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                                                                                                                                                 | ADELIA A. SIMPLOT | P.O. BOX 27                                                                                                                                                                                                     | BOISE | ID                                                        | USA 83702-0027      |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 118</b>                                                                                             |                   | 6. Annual Report must be signed.*<br>Signature: Adelia A. Simplot<br>Name (type or print): Adelia A. Simplot<br>Date: 10/07/2011<br>Title: Member                                                               |       |                                                           |                     |
| Processed 10/07/2011                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                                                                       |       |                                                           |                     |