| No. <b>C 72844</b>   |                     | Due no later than May 31, 2010   |  | 2. Registered Ager            | 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 |                     | Annual Report Form  1. Mailing Address: Correct in this box if needed.  DRISCOLL POTATOES, INC.  LORAINE D DRISCOLL  PO BOX 129  AMERICAN FALLS ID 83211 |  | 120 ADAMS ST<br>AMERICAN FALL | LORAINE DRISCOLL 120 ADAMS ST AMERICAN FALLS ID 83211  3. New Registered Agent Signature:* |         |             |  |
| 4. Corporations: Enter Names a   | and Busin           | ess Addresses of Pr  | esident, Secretary, and Directors. Treas | urer (optional).              |  |         |             |  |
| Office Held Nar  | me                  |  | Street or PO Address                     | City                          | State  | Country | Postal Code |  |
| SECRETARY THA  | ECRETARY THAYNE J [ |  | P.O. BOX 334                             | AMERICAN FALLS                | ID   | USA     | 83211       |  |
| DIRECTOR M. DIRK DRI   |                     | SCOLL  | 3344 W. 2200 S.                          | ABERDEEN                      | ID   | USA     | 83210       |  |
| DIRECTOR W. BROCK D  |                     | RISCOLL  | 2990 W. 2000 S.                          | ABERDEEN                      | ID   | USA     | 83210       |  |
| DIRECTOR MAURINE DE  |                     | RISCOLL  | 2459 W. 1100 S.                          | ABERDEEN                      | ID   | USA     | 83210       |  |
| DIRECTOR WALLACE W DRISCOLL 2459 W. 1100 S. ABERDEEN   |                     |  |  |                               |  | USA     | 83210       |  |
| 5. Organized Under the Laws of:  |                     | 6. Annual Report must be signed.*  |  |                               |  |         |             |  |
| ID   |                     | Signature: Leslie Ellis  |  | Date: 03,                     | Date: 03/22/2010   |         |             |  |
| C 72844  |                     | Name (type or print): Leslie Ellis   |  | Title: Of                     | Title: Office Manager  |         |             |  |
| Processed 03/22/2010 * Electronically provided signatures are accepted as original signatures.                             |                     |  |  |                               |  |         |             |  |