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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------|---------|-------------|--|
| No. <b>W 116989</b>                                                                                                                                    |                   | <b>Due no later than Sep 30, 2017</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>1. Mailing Address: Correct in this box if needed.</b><br><br>NUTECH SEED, LLC<br>LISA PATTERSON<br>974 CENTRE ROAD<br>PO BOX 1039<br>WILMINGTON DE 19899 |            | C T CORPORATION SYSTEM<br>921 S ORCHARD ST STE G<br>BOISE ID 83705 |         |             |  |
|                                                                                                                                                        |                   |                                                                                                                                                              |            | 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                                                                                                                                                 | TIMOTHY A JOHNSON | 7100 NW 62ND AVENUE                                                                                                                                          | JOHNSTON   | IA                                                                 | USA     | 50131       |  |
| MEMBER                                                                                                                                                 | ALEJANDRO MUNOZ   | 7100 NW 62ND AVENUE                                                                                                                                          | JOHNSTON   | IA                                                                 | USA     | 50131       |  |
| MEMBER                                                                                                                                                 | ROBERT J TUINSTRA | CRP 735/3175-8 974 CENTRE ROAD                                                                                                                               | WILMINGTON | DE                                                                 | USA     | 19805       |  |
| 5. Organized Under the Laws of:<br><br><b>IA<br/>W 116989</b>                                                                                          |                   | 6. Annual Report must be signed.*<br>Signature: TIMOTHY JOHNSON<br>Name (type or print): TIMOTHY JOHNSON<br>Date: 08/17/2017<br>Title: Director              |            |                                                                    |         |             |  |
| Processed 08/17/2017                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                    |            |                                                                    |         |             |  |