

|  |   |   |  |       |         |             |
|--|---|---|--|-------|---------|-------------|
| No. <b>W 64767</b>   | <b>Due no later than Jul 31, 2015</b><br><b>Annual Report Form</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>HEWARD FARMS L.L.C.<br>CLINTEN W HEWARD<br>PO BOX 93<br>DECLO ID 83323 |   | CLINTEN HEWARD<br>15 E MAIN ST<br>DECLO ID 83323   |       |         |             |
|  |   |   | 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 |
| MANAGER  | CLINTEN HEWARD  | PO BOX 93   | DECLO  | ID    |         | 83323       |
| MANAGER  | LAYNE HEWARD  | 19 WEST 400 SOUTH   | BURLEY   | ID    |         | 83318       |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 64767</b>   | 6. Annual Report must be signed.*<br>Signature: clint Heward<br>Name (type or print): clint Heward                                      |   | Date: 08/25/2015<br>Title: manager                 |       |         |             |
| Processed 08/25/2015   |   | * Electronically provided signatures are accepted as original signatures. |  |       |         |             |