

|  |  |   |  |       |         |             |
|--|--|---|--|-------|---------|-------------|
| No. <b>W 52549</b>   | <b>Due no later than Jul 31, 2016</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>HIGH DESERT FAMILY FARMS, LLC<br>WESTON P HAWKES<br>1792 S 500 W<br>OAKLEY ID 83346 |   | WESTON HAWKES<br>1792 S 500 W<br>OAKLEY ID 83346   |       |         |             |
|  |  |   | 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   | WESTON HAWKES  | 1792 S 500 W  | OAKLEY   | ID    |         | 83346       |
| MEMBER   | CLINT J MUHLESTEIN   | 155 N CENTER  | OAKLEY   | ID    |         | 83346       |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 52549</b>   | 6. Annual Report must be signed.*<br>Signature: Weston Hawkes<br>Name (type or print): Weston Hawkes   |   | Date: 05/24/2016<br>Title: MEMBER                  |       |         |             |
| Processed 05/24/2016   |  | * Electronically provided signatures are accepted as original signatures. |  |       |         |             |