

No. <b>W 83034</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 07/08/2010</b>		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) <b>DAVID ROBINSON</b> <del>1853 S 400 W</del> <b>145 N. Lincoln Ave</b> <b>OAKLEY ID 83346</b>	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT</b> <b>FEE DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed.  <b>BIRCH CREEK FOODS, LLC</b>  <b>PO BOX 157</b> <b>OAKLEY ID 83346</b>		3. New Registered Agent Signature.	

**4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.**

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
<input checked="" type="radio"/> Manager <input type="radio"/> Member (circle one)	David Robinson	PO Box 157	Oakley	ID	USA	83346

5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 83034</b> </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">           Signature: <u>David Robinson</u> </td> <td style="width: 30%;">           Date: <u>4/30/11</u> </td> </tr> <tr> <td>           Name (type or print): <u>David Robinson</u> </td> <td>           Title: <u>Owner</u> </td> </tr> </table>	Signature: <u>David Robinson</u>	Date: <u>4/30/11</u>	Name (type or print): <u>David Robinson</u>	Title: <u>Owner</u>
Signature: <u>David Robinson</u>	Date: <u>4/30/11</u>				
Name (type or print): <u>David Robinson</u>	Title: <u>Owner</u>				

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**INSTRUCTIONS FOR THE REINSTATEMENT ANNUAL REPORT FORM**