

No. W 89284	Reinstatement Annual Report Form ADMIN DISSOLVED 03/08/2011		2. Registered Agent and Office (NOT A P.O. BOX) CANDICE COOLEY 2621 EASTGATE DR TWIN FALLS ID 83301															
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. PATRONE LIVESTOCK LLC 2621 EASTGATE DR TWIN FALLS ID 83301 2095 E 600 S Hazelton Id 83335		3. New Registered Agent Signature.															
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																		
<table border="1"> <thead> <tr> <th data-bbox="115 506 391 533">Manager or Member</th> <th data-bbox="391 506 678 533">Name</th> <th data-bbox="678 506 1019 533">Street or PO Address</th> <th data-bbox="1019 506 1166 533">City</th> <th data-bbox="1166 506 1252 533">State</th> <th data-bbox="1252 506 1360 533">Country</th> <th data-bbox="1360 506 1490 533">Postal Code</th> </tr> </thead> <tbody> <tr> <td data-bbox="115 533 196 569"> <input checked="" type="radio"/> Manager <input type="radio"/> Member (circle one) </td> <td data-bbox="196 533 678 569">Candice Cooley</td> <td data-bbox="678 533 1019 569">2095 E 600 S</td> <td data-bbox="1019 533 1166 569">Hazelton</td> <td data-bbox="1166 533 1252 569">ID</td> <td data-bbox="1252 533 1360 569">Jerome</td> <td data-bbox="1360 533 1490 569">83335</td> </tr> </tbody> </table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	<input checked="" type="radio"/> Manager <input type="radio"/> Member (circle one)	Candice Cooley	2095 E 600 S	Hazelton	ID	Jerome	83335
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5. Organized Under the Laws of: IDAHO W 89284		6. Signature:  <hr/> Name (type or print): Candice Cooley			Date: 8/12/11 Title: member													
Issued 08/11/2011 by LIC																		