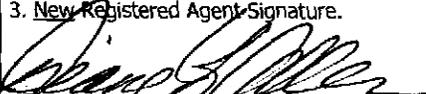


| No. W 116723 | Reinstatement Annual Report Form ADMIN DISSOLVED 12/01/2014 | | 2. Registered Agent and Office (NOT A P.O. BOX) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|----------------------|--|-------------------|-------------|----------------------|-------|---------|-------------|---|---------------|----------|-------|-----|-------|---|-----------------|----------|-------|-----|-------|--|--|--|--|--|--|--|--|--|--|--|--|
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed. RDA FARMS LLC DIANE R ALLEN 4 N MAIN ST MALAD CITY ID 83252 | | DIANE ALLEN 254 W 200 N MALAD CITY ID 83252 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REINSTATEMENT FEE DUE: \$30.00 | | | 3. <u>New</u> Registered Agent Signature.  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>DIANE R ALLEN</td> <td>4 N main</td> <td>malad</td> <td>USA</td> <td>83252</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>RICHARD V ALLEN</td> <td>4 N main</td> <td>malad</td> <td>USA</td> <td>83252</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | Manager or Member | Name | Street or PO Address | State | Country | Postal Code | Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | DIANE R ALLEN | 4 N main | malad | USA | 83252 | Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | RICHARD V ALLEN | 4 N main | malad | USA | 83252 | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | |
| Manager or Member | Name | Street or PO Address | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | DIANE R ALLEN | 4 N main | malad | USA | 83252 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | RICHARD V ALLEN | 4 N main | malad | USA | 83252 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 116723 | 6. Signature:  Name (type or print): DIANE R ALLEN | | Date: 12/9/14 Title: manager member | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |