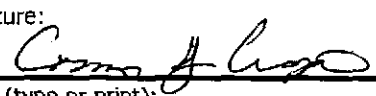
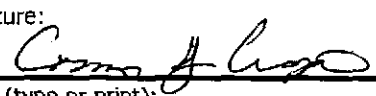
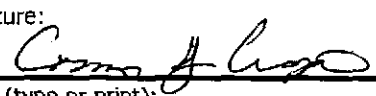


No. W 134129	Reinstatement Annual Report Form ADMIN DISSOLVED 05/26/2015		2. Registered Agent and Office (NOT A P.O. BOX) CONN CRAPO 1509 N CANYON CREEK RD NEWDALE ID 83436
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. CRAPO AG LLC CONN CRAPO 1509 N CANYON CREEK RD 1908 E 500 N NEWDALE ID 83436 St. Anthony, Id <div style="text-align: right;">834815</div>		3. <u>New</u> Registered Agent Signature.
REINSTATEMENT FEE DUE: \$30.00			

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
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	CONN Crapo	1908 E 500 N	St Anthony	ID	USA	83445
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; padding: 10px;"> IDAHO W 134129 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 6/19/15 </td> </tr> <tr> <td> Name (type or print): CONN Crapo </td> <td> Title: Owner </td> </tr> </table>	Signature: 	Date: 6/19/15	Name (type or print): CONN Crapo	Title: Owner
Signature: 	Date: 6/19/15				
Name (type or print): CONN Crapo	Title: Owner				

Issued 06/19/2015 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM