

FILED EFFECTIVE

No. W 47422 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 05/08/2008 1. Mailing Address: Correct in this box if needed. EAST FORK RANCHES, LLC, AN IDAHO LIMITED LIABILITY COMPANY MELODIE L BAKER HC 68 BOX 304 CLAYTON ID 83227	2. Registered Agent and Office (NOT A P.O. BOX) MELODIE L BAKER 3001 E FORK RD CLAYTON ID 83227 3. New Registered Agent Signature.																					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Co-Manager</td> <td>Wayne Baker</td> <td>HC 68 Box 304</td> <td>CLAYTON</td> <td>ID</td> <td></td> <td>83227</td> </tr> <tr> <td>Co-Manager</td> <td>Melodie L. Baker</td> <td>HC 68 Box 304</td> <td>CLAYTON</td> <td>ID</td> <td></td> <td>83227</td> </tr> </tbody> </table>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Co-Manager	Wayne Baker	HC 68 Box 304	CLAYTON	ID		83227	Co-Manager	Melodie L. Baker	HC 68 Box 304	CLAYTON	ID		83227
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5. Organized Under the Laws of: IDAHO W 47422	6. Signature: <u>Melodie L Baker</u> Date: <u>5/19/10</u> Name (type or print): <u>Melodie L Baker</u> Title: <u>Co-Manager</u>																						

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM