

No. W 16594		Reinstatement Annual Report Form ADMIN DISSOLVED 12/08/2006		2. Registered Agent and Office (NOT A P.O. BOX) CATHERINE L LINDERMAN 5559 N YELLOWSTONE HWY IDAHO FALLS 83 83404															
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. FARMERS DAUGHTER, LLC CATHERINE L LINDERMAN 5559 NORTH YELLOWSTONE HWY IDAHO FALLS ID 83401		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>Manager</td><td>Catherine Linderman,</td><td>5559 N. Yellowstone Hwy,</td><td>Idaho Falls,</td><td>ID</td><td></td><td>83401</td></tr></tbody></table>						Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Manager	Catherine Linderman,	5559 N. Yellowstone Hwy,	Idaho Falls,	ID		83401
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5. Organized Under the Laws of: IDAHO W 16594		6. <table border="1"><tr><td>Signature: <u>Catherine Linderman</u></td><td>Date: <u>9-30-2010</u></td></tr><tr><td>Name (type or print): Catherine Linderman</td><td>Title: <u>Manager</u></td></tr></table>				Signature: <u>Catherine Linderman</u>	Date: <u>9-30-2010</u>	Name (type or print): Catherine Linderman	Title: <u>Manager</u>										
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Issued 09/30/2010 by DK1																			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM