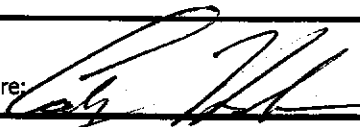


No. W 80421	Reinstatement Annual Report Form ADMIN DISSOLVED 04/06/2010		2. Registered Agent and Office (NOT A P.O. BOX) CODY HOLM 1963 DAKOTA LANE AMMON, ID 83406
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. CODY JAMES FARM & CONSTRUCTION EQUIPMENT LLC CODY HOLM 1963 DAKOTA LANE AMMON ID 83406 65 N Hillside Rd Idaho Falls, ID 83402		3. New Registered Agent Signature:
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.			
Manager/Member	Name	Street or PO Address	City
	State	Country	Postal Code
	Cody S Holm	65 N Hillside Rd Idaho Falls ID 83402	
5. Organized Under the Laws of: IDAHO W 80421		6. Signature:  <hr/> Name (type or print): Cody Holm <hr/> Date: 12/21/2010 <hr/> Title: Owner <hr/>	
Issued 12/17/2010 by LJM			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address.
Note: To ensure future mailings, the corrected address **must** be inside Block 1.