

No. W 66348	Reinstatement Annual Report Form ADMIN DISSOLVED 12/17/2013		2. Registered Agent and Office (NOT A P.O. BOX) GARRETT DEWSNUP <i>Wynn Dewsnup</i> 1159 EAST 800 NORTH JACKSON ID 83350																																			
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. OT CATTLE COMPANY, LLC <i>OK</i> WYNN DEWSNUP PO BOX 767 <i>OT Cattle Company, LLC</i> RUPERT ID 83350 <i>P.O. Box 168 Almo, ID 83312</i>		3. New Registered Agent Signature. <i>Wynn R Dewsnup</i>																																			
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>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td><i>Wynn Dewsnup</i></td> <td><i>PO Box 168</i></td> <td><i>Almo, Id</i></td> <td></td> <td></td> <td><i>83312</i></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></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> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>Wynn Dewsnup</i>	<i>PO Box 168</i>	<i>Almo, Id</i>			<i>83312</i>	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>Wynn Dewsnup</i>	<i>PO Box 168</i>	<i>Almo, Id</i>			<i>83312</i>																																
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: IDAHO W 66348		6. Signature: <i>Wynn R Dewsnup</i> Date: <i>1-21-14</i> Name (type or print): <i>Wynn R Dewsnup</i> Title: <i>Managing Partner</i>																																				

Issued 12/27/2013 by DK1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM