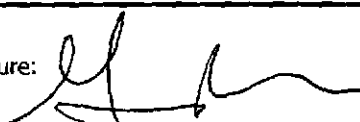


No. <b>W 63732</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 09/23/2014</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>  GARY FARMER 13 S 725 W BLACKFOOT ID 83221
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> BAREFOOT LAWN LLC. GARY W. FARMER 13 S 725 W BLACKFOOT ID 83221 USA		3. <u>New</u> Registered Agent Signature.
4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>			
<b>Manager or Member</b>	<b>Name</b>	<b>Street or PO Address</b>	<b>City State Country Postal Code</b>
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	GARY FARMER	13 S 725 W	BLACKFOOT ID USA 83221
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	JOE NE FARMER	13 S 725 W	BLACKFOOT ID USA 83221
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; font-size: 1.2em;"> <b>IDAHO</b>  <b>W 63732</b> </div>		6. Signature:  <hr/> Name (type or print): <b>GARY FARMER</b> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">         Date: <b>10-6-14</b>  <hr/>         Title: <b>MEMBER</b>  <hr/> </div> </div>	
Issued 10/07/2014 by online			