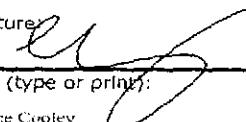


No. W 89284	Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2016		2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. PATRONE LIVESTOCK LLC CANDICE COOLEY 2095 E 600 S HAZELTON ID 83335		CANDICE COOLEY 2095 EAST 600 SOUTH HAZELTON ID 83335
REINSTATEMENT FEE DUE: \$30.00			3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member	Name	Street or PO Address	City State Country Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Candice Cooley 2095 E 600 S Hazelton ID 83335		
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:		6.	
IDAHO W 89284		Signature:  Name (type or print): Candice Cooley	Date: 4/6/16 Title: Manager
Issued 04/06/2016 by online			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM