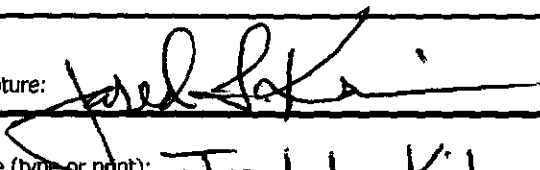


| | | | | |
|---|---|--|--|--|
| No. W 83439 | Reinstatement Annual Report Form ADMIN DISSOLVED 07/12/2011 | | 2. Registered Agent and Office (NOT A P.O. BOX) JARED L KIDMAN 1629 E 49TH N IDAHO FALLS ID 83401 | |
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00 | 1. Mailing Address: Correct in this box if needed. ROCK N'TREE NURSERY, LLC JARED L KIDMAN 1629 E 49TH N IDAHO FALLS ID 83401 | | 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 |
| <input checked="" type="radio"/> Manager <input type="radio"/> Member (circle one) | Jared Kidman | 1629 E 49th N. | Idaho Falls | IN | USA | 83401 |
| | Cheryl Kidman | " " | " | " | " | " |

| | |
|--|---|
| 5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 83439</div> | 6. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> Signature:  <hr/> Name (type or print): <u>Jared L. Kidman</u> </div> <div style="width: 35%; text-align: right;"> Date: <u>10-3-2011</u> Title: <u>owner</u> </div> </div> |
|--|---|

Issued 07/29/2011 by SLD

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.