No. W 110487	Reinstatement Annual Report Form ADMIN DISSOLVED 04/15/2013	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.  MOSCOW URBAN FARM CO., LLC  911 N MOUNTAIN VIEW RD  MOSCOW ID 83843	ADAM C REED 911 N MOUNTAIN VIEW RD MOSCOW ID 83843 1729 Lexing for Ave
REINSTATEMENT FEE DUE: \$30.00	1729 Lexington Ave Moscow, ID 83843	Moscow, In 83843  3. New 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 Member ADAM REED 1729 Lexington Ave Moscow, ID USA 83843  Manager Member Mem		
5. Organized Under the Lav IDAHO W 110487	Name (type or print):  AOAM REED	Date: 5/8/13 Title: Owner

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM