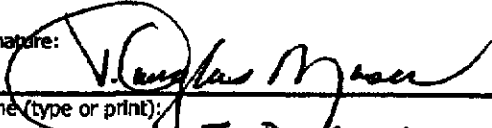
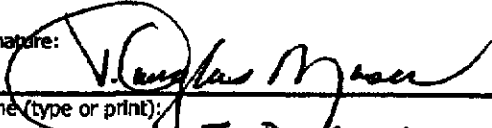
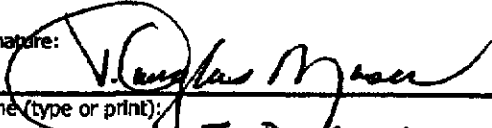


No. W 23617	Reinstatement Annual Report Form ADMIN DISSOLVED 07/12/2011		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. TD MOSER FARMS, L.L.C. DOUGLAS MOSER 1020 BERGER RD PO BOX 2378 GENESEE ID 83832-9780 USA CDA ID 83816		T DOUGLAS MOSER 1020 BERGER RD 421 Military Dr GENESEE ID 83832 CDA ID 83816																																			
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. <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 ☒ Member ☒</td> <td>T. DOUGLAS MOSER</td> <td>PO BOX #2378</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☒ Member ☒	T. DOUGLAS MOSER	PO BOX #2378					Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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Issued 10/22/2012 by KAH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM