

FILED EFFECTIVE

No. L 4732	Reinstatement Annual Report Form ADMIN TERMINATED 01/04/2008		2. Registered Agent and Office (NOT A P.O. BOX) BRION G SHOWALTER RT 1 BOX 403 5078 EDISON RD MARSING ID 83639																					
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. SHOWALTER LAND COMPANY, LP BRION G SHOWALTER RT 1 BOX 403 5078 EDISON RD MARSING ID 83639																							
4. Limited Partnerships: Enter Names and Business Addresses of general partners. <table border="1"> <thead> <tr> <th>General Partners</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></td> <td>BRION G. SHOWALTER</td> <td>5078 EDISON RD.</td> <td>MARSING ID</td> <td>Owyhee</td> <td></td> <td>83639</td> </tr> <tr> <td></td> <td>Sue D. Showalter</td> <td>5078 EDISON RD</td> <td>MARSING ID</td> <td>Owyhee</td> <td></td> <td>83639</td> </tr> </tbody> </table>			General Partners	Name	Street or PO Address	City	State	Country	Postal Code		BRION G. SHOWALTER	5078 EDISON RD.	MARSING ID	Owyhee		83639		Sue D. Showalter	5078 EDISON RD	MARSING ID	Owyhee		83639	3. <u>New</u> Registered Agent Signature.
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5. Organized Under the Laws of: IDAHO L 4732	6. Signature: <u>Sue D. Showalter</u> Name (type or print): <u>Sue D. Showalter</u>			Date: <u>8/23/13</u> Title: <u>VP</u>																				