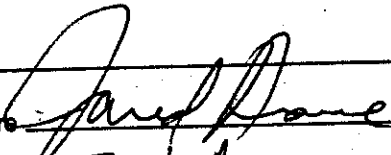


No. W 28012	Due no later than January 31, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable ARAVE LIVESTOCK, LLC 1395 NW MAIN BLACKFOOT, ID 83221		JARED ARAVE 1395 NW MAIN BLACKFOOT, ID 83221 3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Jared Arave</td> <td>162 N. 200 E.</td> <td>Blackfoot</td> <td>ID</td> <td>83221</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Jared Arave	162 N. 200 E.	Blackfoot	ID	83221
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
Manager	Jared Arave	162 N. 200 E.	Blackfoot	ID	83221											
5. Organized Under the Laws of: IDAHO W 28012		6. Signature  Date <u>1-9-08</u> Name (Typed or Printed) <u>Jared Arave</u> Title <u>Manager</u>														