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No. W 65308	Reinstatement Annual Report Form ADMIN DISSOLVED 11/06/2008		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL L SMITH 9631 NORTH 5TH EAST 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. SMITH FEEDLOT LLC 9631 NORTH 5TH EAST IDAHO FALLS ID 83401																														
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"><thead><tr><th>Office Held</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>Owner</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td>Owner</td><td>Michael L Smith</td><td>9631 N 5th E</td><td>Idaho Falls</td><td>ID</td><td>83401</td></tr><tr><td></td><td>Owner</td><td>Kayla J Smith</td><td>9631 N 9th E</td><td>IF</td><td>ID</td><td>Bonneville 83401</td></tr></tbody></table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code		Owner							Owner	Michael L Smith	9631 N 5th E	Idaho Falls	ID	83401		Owner	Kayla J Smith	9631 N 9th E	IF	ID	Bonneville 83401
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5. Organized Under the Laws of: IDAHO W 65308	6. Signature: <u>Kayla Smith</u> Name (type or print): <u>Kayla Smith</u>			Date: <u>11/11/08</u> Title:																											
Issued 11/13/2008 by NLB																															