REINSTATEMENT

FILED EFFECTIVE

No. W 3662		Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX		
Return to: SECRETARY OF STATE	1 Mail	ADMIN DISSOLVED 06/06/2001 1 Mailing Address - Correct in this box, if applicable		DON MCFARLAND 450 FALLS AVE		
700 WEST JEFFERSON PO BOX 83720 CO BOISE, ID 83720-0080 FEE DUE \$30.00		PREMIUM HAY, L.L.C. DON MCFARLAND PO BOX 5178		TWIN FALLS, ID 83301		
		N FALLS, ID 83303	3. <u>New</u> registe	3. New registered agent signature		
4. Corporations: Enter Na Limited Liability Compa Office held	nes and Business, nies: Enter Names Name	Addresses of President, Secretary and Director and Addresses of Managers or Member Street or P.O. Address	rs rs (check one) <u>City</u>	<u>State</u>	<u>Zip</u>	
Manager () Member	Don McFa Carol Mc	rland P.O. Box 465 Farland P.O. Box 465	Eden Eden	I D	83325 83325	
Organized under the laws of		6. Signature Dmm	a 0	l.rla		
IDAHC W 366		Name (Typed or Printed) Name (Typed or Printed)	•	. // 5 0		