No. W 64864	Reinstatement Annual Report Form ADMIN DISSOLVED 10/07/2008	2. Registered Agent and Office (NOT A P.O. BOX) KENNETH O LARSON 9778 LAKESHORE DR SAGLE ID 83860
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. PEDRO'S PRIDE ALPACA RANCH, LLC PO BOX 1110 SAGLE ID 83860	3. New Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
Manager	Elisabeth Larson	PO Box 1110	Sagle	ID		83860
Manager	Kenneth O Larson	PO Box 110	Sagle	ID		83860

5. Organized Under the Laws of:	6.
IDAHO W 64864	Signature: Ken O L Date: 11/3/09 Name (type or print): Kenneth O Larson Title: MGR

Issued 11/03/2009 by DKI

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM