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|--|---|--|---|--------------|----------------|--------------------|
| No. W 17620 | Reinstatement Annual Report Form ADMIN DISSOLVED 04/21/2015 | | 2. Registered Agent and Office (NOT A P.O. BOX) NEIL KING 1710 OVERLAND AVE BURLEY ID 83318 | | | |
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed. MONTE VISTA FARMS, L.L.C. NEIL KING PO BOX 1204 BURLEY ID 83318 USA | | 3. <u>New</u> Registered Agent Signature. | | | |
| REINSTATEMENT FEE DUE: \$30.00 | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. | | | | | | |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | NEIL KING | PO BOX 1204 | BURLEY | ID | USA | 83318 |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | THOMAS RUDY | PO BOX 1204 | BURLEY | ID | USA | 83318 |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| 5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 17620</div> | | 6. Signature: <u><i>Neil King</i></u> Name (type or print): <u>NEIL KING</u> Date: <u>4/28/2015</u> Title: <u>MANAGER</u> | | | | |

Issued 04/27/2015 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.