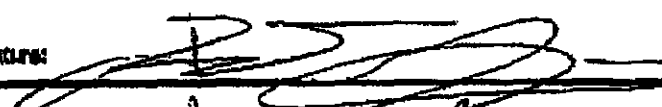
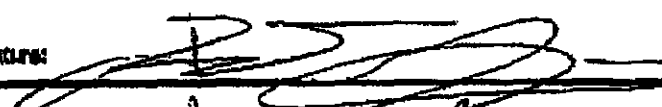
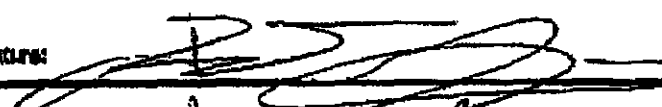


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No. W 87368 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0360 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 01/06/2011 1. Mailing Address: Correct in this box if needed. IDAHO DEHYDRATION & PROCESSING, LLC 271 WEST HIGHWAY 30 BURLEY ID 83318 <i>PO Box 425 Shoshone, ID 83352</i>	2. Registered Agent and Office (NOT A P.O. BOX) JEREMY T ANDERSON 271 WEST HIGHWAY 30 BURLEY ID 83318 3. New Registered Agent Signature.														
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"> <thead> <tr> <th>Manager/Member</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>Jeremy Anderson</td> <td>P.O. Box 425</td> <td>Shoshone</td> <td>ID</td> <td></td> <td>83352</td> </tr> </tbody> </table>			Manager/Member	Name	Street or PO Address	City	State	Country	Postal Code		Jeremy Anderson	P.O. Box 425	Shoshone	ID		83352
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5. Organized Under the Laws of: IDAHO W 87368	6. <table border="1"> <tr> <td>Signature: </td> <td>Date: 1-22-11</td> </tr> <tr> <td>Name (type or print): JEREMY T. ANDERSON</td> <td>Title: CEC</td> </tr> </table>		Signature: 	Date: 1-22-11	Name (type or print): JEREMY T. ANDERSON	Title: CEC										
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Block 2: Enter name of registered member or officer, title, business information and write in the correct information. Make the office of the