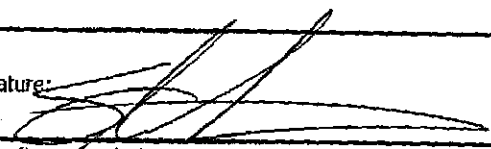


No. J 2469	Reinstatement Annual Report Form LLP REVOKED 05/25/2016		2. Registered Agent and Office (NOT A P.O. BOX) CHASE HAWKINS 11262 N 37 E IDAHO FALLS ID 83401 6132 E 113TH N																					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. ARROW H. FARMS L.L.P. CHASE HAWKINS 11262 N 37 E IDAHO FALLS ID 83401		3. New Registered Agent Signature.																					
REINSTATEMENT FEE DUE: \$30.00																								
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners. <table border="1"> <thead> <tr> <th>Partners</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>Chase Hawkins</td> <td>Po Box 66</td> <td>UCON</td> <td>ID</td> <td></td> <td>83454</td> </tr> <tr> <td></td> <td>Stan Hawkins</td> <td>Po Box 367</td> <td>UCON</td> <td>ID</td> <td>US</td> <td>83454</td> </tr> </tbody> </table>				Partners	Name	Street or PO Address	City	State	Country	Postal Code		Chase Hawkins	Po Box 66	UCON	ID		83454		Stan Hawkins	Po Box 367	UCON	ID	US	83454
Partners	Name	Street or PO Address	City	State	Country	Postal Code																		
	Chase Hawkins	Po Box 66	UCON	ID		83454																		
	Stan Hawkins	Po Box 367	UCON	ID	US	83454																		
5. Organized Under the Laws of: IDAHO J 2469		6. Signature:  Date: 6/17/16 Name (type or print): Stan Hawkins Title: Owner																						

Issued 06/17/2016 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM