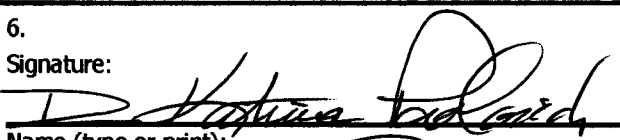


No. W 50660	Reinstatement Annual Report Form ADMIN DISSOLVED 08/12/2013		2. Registered Agent and Office (NOT A P.O. BOX) INCORP SERVICES, INC. 1524 S VISTA AVE STE 12 BOISE ID 83705 USA
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. NATURE'S TABLE FARM, LLC KATRINA D PAVLOVICH PO BOX 411 HORSESHOE BEND ID 83629-0411 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"/>	D.K. Pavlovich	POB 411	HSB	ID	GEM	83609
		10100 Shelley Ave				
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 50660</div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 6. Signature:  <hr/> Name (type or print): D. KATRINA PAVLOVICH </div> <div style="width: 35%;"> Date: 10/15/15 <hr/> Title: OWNER </div> </div>
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Issued 10/16/2015 by online