## No. W 41726 Reinstatement Annual Report Form 2. Registered Agent and Office (NOT A P.O. BOX) ADMIN DISSOLVED 11/10/2010 Return to: **GAYLEN CLAYSON** SECRETARY OF STATE 710 EAST 600 NORTH 1. Mailing Address: Correct in this box if needed. 450 N 4th STREET FIRTH ID 83236 PO BOX 83720 CEDAR ARCH DAIRIES, LLC BOISE, ID 83720-0080 **GAYLEN W CLAYSON** 710 EAST 600 NORTH 1055 N 3102 W 3. New Registered Agent Signature. FIRTH 10 83236 Rexburg, Id 83440 REINSTATEMENT FEE DUE: \$30.00 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. Manager/Member Name Street or PO Address City State Country Member Gaylen Clayson 710E 600N Firth 11 USA 83236 Organized Under the Laws of: Signature: **IDAHO** W 41726 Name (type or print): Title: Member Issued 11/19/2010 by PEH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM