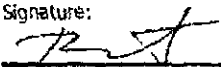


<p>No. W 57269</p>	<p align="center">Reinstatement Annual Report Form ADMIN DISSOLVED 03/21/2017</p>		<p>2. Registered Agent and Office (NOT A P.O. BOX)</p>																																				
<p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p>REINSTATEMENT FEE DUE: \$30.00</p>	<p>1. Mailing Address: Correct in this box if needed. SWAN VALLEY FARMS, LLC 1495 CROOKED PINE DR MYRTLE BEACH SC 29575</p>		<p>DOUGLAS R NELSON 490 MEMORIAL DR STE 200 IDAHO FALLS ID 83405</p>																																				
<p>3. <u>New</u> Registered Agent Signature.</p>																																							
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p>																																							
<table border="1"> <thead> <tr> <th>Manager or 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>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>BLAINE LEJENHAUST</td> <td>1495 CROOKED PINE DR.</td> <td>MYRTLE BEACH</td> <td>SC</td> <td>USA</td> <td>29575</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>PAUL LEJENHAUST</td> <td>298 S. 1000 E.</td> <td>BOWTIEFUL</td> <td>UT</td> <td>USA</td> <td>84010</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	BLAINE LEJENHAUST	1495 CROOKED PINE DR.	MYRTLE BEACH	SC	USA	29575	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	PAUL LEJENHAUST	298 S. 1000 E.	BOWTIEFUL	UT	USA	84010	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<p>5. Organized Under the Laws of:</p> <p align="center">IDAHO W 57269</p>	<p>6.</p> <p>Signature:  Date: <u>6/1/17</u></p> <p>Name (type or print): <u>PAUL LEJENHAUST</u> Title: <u>MANAGER</u></p>																																						
<p>Issued 06/01/2017 by online</p>																																							