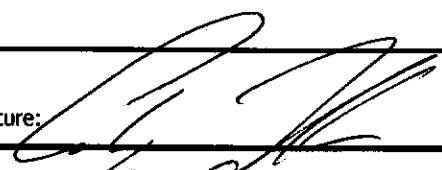
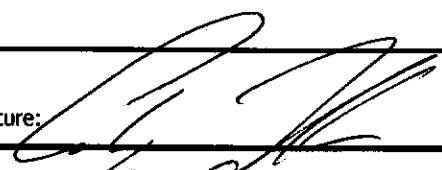
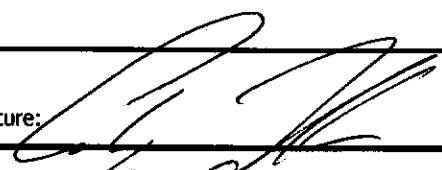


No. W 80421	Reinstatement Annual Report Form ADMIN DISSOLVED 04/09/2012		2. Registered Agent and Office (NOT A P.O. BOX) CODY HOLM 1963 DAKOTA LANE AMMON ID 83406
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. CODY JAMES FARM & CONSTRUCTION EQUIPMENT LLC CODY HOLM 65 N HILLSIDE RD IDAHO FALLS ID 83402		3. <u>New</u> Registered Agent Signature.

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"/>	Cody Holm Owner	65 N Hillside Rd	Idaho Falls	ID		83402
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-weight: bold;">IDAHO W 80421</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Signature: </td> <td style="width: 30%;">Date: 4-24-12</td> </tr> <tr> <td>Name (type or print): Cody S Holm</td> <td>Title: Owner</td> </tr> </table>	Signature: 	Date: 4-24-12	Name (type or print): Cody S Holm	Title: Owner
Signature: 	Date: 4-24-12				
Name (type or print): Cody S Holm	Title: Owner				

Issued 04/16/2012 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM