

| <b>No. W 99278</b><br><br>Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE</b><br><b>DUE: \$30.00</b>  | <b>Reinstatement Annual Report Form</b><br><b>ADMIN DISSOLVED 04/09/2012</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>NATURE'S PANTRY LLC<br>401 MAIN ST<br>SALMON ID 83467 | <b>2. Registered Agent and Office</b><br><b>(NOT A P.O. BOX)</b><br>HELEN HARDY<br>401 MAIN ST<br>SALMON ID 83467<br><br><b>3. New Registered Agent Signature.</b> |                   |       |                      |             |       |         |             |   |             |                        |     |       |  |  |   |           |                       |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|-------------------|-------|----------------------|-------------|-------|---------|-------------|---|-------------|------------------------|-----|-------|--|--|---|-----------|-----------------------|-----|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>   |  |  |                   |       |                      |             |       |         |             |   |             |                        |     |       |  |  |   |           |                       |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Manager or Member</th> <th style="text-align: left; width: 35%;">Name</th> <th style="text-align: left; width: 30%;">Street or PO Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Country</th> <th style="text-align: left; width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Helen Hardy</td> <td>1514 Bryan Salmon, Id.</td> <td>USA</td> <td>83467</td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Jim Hardy</td> <td>1514 Bryan Salmon, Id</td> <td>USA</td> <td>83467</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> <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 type="checkbox"/> | Helen Hardy | 1514 Bryan Salmon, Id. | USA | 83467 |  |  | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Jim Hardy | 1514 Bryan Salmon, Id | USA | 83467 |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  |
| Manager or Member  | Name   | Street or PO Address   | City              | State | Country              | Postal Code |       |         |             |   |             |                        |     |       |  |  |   |           |                       |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>  | Helen Hardy  | 1514 Bryan Salmon, Id.   | USA               | 83467 |                      |             |       |         |             |   |             |                        |     |       |  |  |   |           |                       |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>  | Jim Hardy  | 1514 Bryan Salmon, Id  | USA               | 83467 |                      |             |       |         |             |   |             |                        |     |       |  |  |   |           |                       |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |  |  |                   |       |                      |             |       |         |             |   |             |                        |     |       |  |  |   |           |                       |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |  |  |                   |       |                      |             |       |         |             |   |             |                        |     |       |  |  |   |           |                       |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>5. Organized Under the Laws of:</b><br><br><div style="text-align: center;"> <b>IDAHO</b><br/> <b>W 99278</b> </div>  | <b>6.</b><br>Signature: <u>Helen Hardy</u><br>Name (type or print): <u>Helen Hardy</u><br>Date: <u>4/23/12</u><br>Title: <u>owner</u>  |  |                   |       |                      |             |       |         |             |   |             |                        |     |       |  |  |   |           |                       |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM