

No. W 2898	Reinstatement Annual Report Form ADMIN DISSOLVED 12/09/2005		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL B MOEDL 392 FARNSWORTH WAY RIGBY ID 83442 <i>3325 E Skyview Dr</i> <i>Idaho Falls, Id 83401</i>
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. MEADOW VUE CATTLE CO., L.L.C. MICHAEL B MOEDL 392 FARNSWORTH WAY RIGBY ID 83442 <i>3325 E. Skyview Dr.</i> <i>Idaho Falls, Id 83401</i>		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"/>	<i>Michael B. Moedl 3325 E Skyview Dr, Idaho Falls, Id USA 83401</i>					
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 2898</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <i>Michael B. Moedl</i> </td> <td style="width: 40%;"> Date: <i>10-24-2012</i> </td> </tr> <tr> <td> Name (type or print): <i>Michael B. Moedl</i> </td> <td> Title: <i>Manager</i> </td> </tr> </table>	Signature: <i>Michael B. Moedl</i>	Date: <i>10-24-2012</i>	Name (type or print): <i>Michael B. Moedl</i>	Title: <i>Manager</i>
Signature: <i>Michael B. Moedl</i>	Date: <i>10-24-2012</i>				
Name (type or print): <i>Michael B. Moedl</i>	Title: <i>Manager</i>				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM