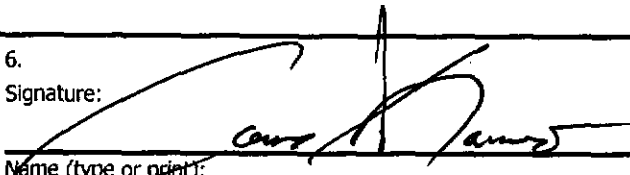


No. W 104939	Reinstatement Annual Report Form ADMIN DISSOLVED 10/04/2012		2. Registered Agent and Office (NOT A P.O. BOX) CARSON KAWANO 967 E PARKCENTER BLVD STE 154 BOISE ID 83706 5085 S. Apple St. Boise, ID 83716
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. CROSSCREEK FOODS, LLC 5085 S APPLE ST BOISE ID 83706 Boise, ID 83716		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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Carson Kawano	5085 S. Apple St.	Boise	ID	USA	83716
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;"> IDAHO W 104939 </div>	6. Signature:  <hr/> Name (type or print): Carson Kawano <div style="float: right; text-align: right;"> Date: 10-19-2012 Title: Sole Manager/Member </div>
---	--

Issued 10/17/2012 by LJC

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM