

No. <b>W 69023</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 02/10/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> HY LAND AND LIVESTOCK, LLC RUTH CRISP <del>PO BOX 280</del> <b>P.O. BOX 79</b> SWAN VALLEY ID 83449 USA		RUTH CRISP 2226 IRWIN NORTH RD SWAN VALLEY ID 83449  3. <b>New Registered Agent Signature.</b>																																			
4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>																																						
<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 type="checkbox"/></td> <td>Ruth Crisp</td> <td>P.O. BOX 79 3226 IRWIN N. ROAD</td> <td>Swan Valley</td> <td>Id.</td> <td>U.S.</td> <td>83449</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> <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"/>	Ruth Crisp	P.O. BOX 79 3226 IRWIN N. ROAD	Swan Valley	Id.	U.S.	83449	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO W 69023</b>		6. Signature:  Name (type or print): <b>RUTH CRISP</b> Date: <b>4/11/2015</b> Title: <b>Manager</b>																																				