

<p>No. <b>W 121096</b></p>	<p align="center"><b>Reinstatement Annual Report Form ADMIN DISSOLVED 04/14/2014</b></p>		<p>2. Registered Agent and Office (NOT A P.O. BOX)</p>																																			
<p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p><b>REINSTATEMENT FEE DUE: \$30.00</b></p>	<p>1. Mailing Address: Correct in this box if needed.</p> <p>LARCHWOOD FARMS LLC <del>12530 N KELLY RAE DR</del> <del>HAYDEN ID 83835</del> 3430 E Seltice Way Post Falls, ID 83854</p>	<p><del>BONNIE STEARNS</del> <del>12530 N KELLY RAE DR</del> <del>HAYDEN ID 83835</del> Marla Hedman 3430 E Seltice Way Post Falls, ID 83854</p> <p>3. New Registered Agent Signature: <i>Marla J Hedman</i></p>																																				
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <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>maria Hedman</td> <td>3430 E. Seltice Way</td> <td>Post Falls</td> <td>ID</td> <td></td> <td>83854</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"/>	maria Hedman	3430 E. Seltice Way	Post Falls	ID		83854	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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<p>5. Organized Under the Laws of:</p> <p align="center"><b>IDAHO W 121096</b></p>	<p>6.</p> <p>Signature: <i>Marla J Hedman</i></p> <p>Name (type or print): <u>Marla J Hedman</u></p> <p>Date: <u>8-30-16</u></p> <p>Title: <u>manager</u></p>																																					

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