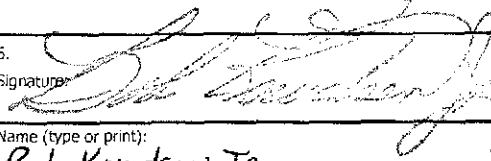


No. C 52598	Reinstatement Annual Report Form ADMIN DISSOLVED 03/21/2017		2. Registered Agent and Office (NOT A P.O. BOX)														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. KNUDSEN IRRIGATION INC. BOB KNUDSEN JR 2700 WEST 2100 SOUTH ABERDEEN ID 83210		BOB KNUDSEN, JR. 2700 WEST 2100 SOUTH ABERDEEN ID 83210														
			3. <u>New</u> Registered Agent Signature.														
Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</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>President</td> <td>Bob Knudsen Jr</td> <td>2595 Hwy 39</td> <td>American Falls</td> <td>ID</td> <td></td> <td>83211</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Bob Knudsen Jr	2595 Hwy 39	American Falls	ID		83211
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
President	Bob Knudsen Jr	2595 Hwy 39	American Falls	ID		83211											
5. Organized Under the Laws of: IDAHO C 52598	6.  Signature: _____ Date: <u>5/17/17</u> Name (type or print): <u>Bob Knudsen Jr.</u> Title: <u>President</u>																
(Issued 05/17/2017 by online																	