

<b>No. W 106753</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 12/17/2013</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b>							
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	<b>1. Mailing Address: Correct in this box if needed.</b> TWO E GRAZING ASSOCIATION, LLC WILDA LEHMANN 2997 S 1600 E WENDELL ID 83355		WILDA LEHMANN 2997 S 1600 E WENDELL ID 83355							
<b>REINSTATEMENT FEE DUE: \$30.00</b>			<b>3. New Registered Agent Signature.</b>							
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>										
<table border="0" style="width:100%"> <tr> <td style="width:20%"><b>Manager or Member</b></td> <td style="width:25%"><b>Name</b></td> <td style="width:25%"><b>Street or PO Address</b></td> <td style="width:10%"><b>City</b></td> <td style="width:10%"><b>State</b></td> <td style="width:10%"><b>Country</b></td> <td style="width:10%"><b>Postal Code</b></td> </tr> </table>				<b>Manager or Member</b>	<b>Name</b>	<b>Street or PO Address</b>	<b>City</b>	<b>State</b>	<b>Country</b>	<b>Postal Code</b>
<b>Manager or Member</b>	<b>Name</b>	<b>Street or PO Address</b>	<b>City</b>	<b>State</b>	<b>Country</b>	<b>Postal Code</b>				
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>Wilda Lehmann</i>									
Manager <input type="checkbox"/> Member <input type="checkbox"/>	<i>2997 S 1600 E Wendell ID 83355</i>									
Manager <input type="checkbox"/> Member <input type="checkbox"/>	<i>USA</i>									
Manager <input type="checkbox"/> Member <input type="checkbox"/>										
Manager <input type="checkbox"/> Member <input type="checkbox"/>										
<b>5. Organized Under the Laws of:</b>  <b>IDAHO W 106753</b>	<b>6. Signature:</b> <i>Wilda Lehmann</i>			<b>Date:</b> <i>12/24/13</i>						
	<b>Name (type or print):</b> <i>Wilda Lehmann</i>			<b>Title:</b> <i>Manager</i>						
<b>Issued 12/23/2013 by JLI</b>										