

No. W 61736		Reinstatement Annual Report Form		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		ADMIN DISSOLVED 07/08/2010		ELISA OATS 1594 N 775 E SHELLEY ID 83274																						
REINSTATEMENT FEE DUE: \$30.00		1. Mailing Address: Correct in this box if needed. NATURAL RED, LLC ELISA OATS 1594 N 775 E SHELLEY ID 83274		3. New Registered Agent Signature. <i>Elisa Oats</i>																						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.																										
<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>mgr. / owner</td><td>- Elisa Oats</td><td>1594 N. 775 E.</td><td>Shelley ID</td><td>USA</td><td></td><td>83274</td></tr><tr><td>mgr. / Co-owner</td><td>- Aaron Oats</td><td>1594 N. 775 E.</td><td>Shelley ID</td><td>USA</td><td></td><td>83274</td></tr></tbody></table>						Office Held	Name	Street or PO Address	City	State	Country	Postal Code	mgr. / owner	- Elisa Oats	1594 N. 775 E.	Shelley ID	USA		83274	mgr. / Co-owner	- Aaron Oats	1594 N. 775 E.	Shelley ID	USA		83274
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5. Organized Under the Laws of: IDAHO W 61736																										
6.																										
Signature: <i>Elisa Oats</i>			Date: <i>7/20/10</i>																							
Name (type or print): <i>Elisa Oats</i>			Title: <i>Owner</i>																							
			<i>Manager</i>																							

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM