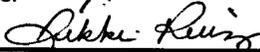


No. <b>W 113421</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 07/15/2014</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> CODY RUIZ 3847 WILD WOOD LN NEW PLYMOUTH ID 83655																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE          DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> RUIZ LIVESTOCK LLC <i>4677 SE 4th Ave</i> CODY M RUIZ <del>3847 WILD WOOD LN</del> <i>PO BOX 250</i> NEW PLYMOUTH ID 83655		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td><i>Cody Ruiz</i></td> <td><del>PO BOX 250</del> <i>4677 SE 4th Ave</i></td> <td><i>New Plymouth</i></td> <td><i>ID</i></td> <td><i>USA</i></td> <td><i>83655</i></td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td><i>Rikki Ruiz</i></td> <td><del>PO BOX 250</del> <i>4677 SE 4th Ave</i></td> <td><i>New Plymouth,</i></td> <td><i>ID</i></td> <td><i>USA</i></td> <td><i>83655</i></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 checked="" type="checkbox"/>	<i>Cody Ruiz</i>	<del>PO BOX 250</del> <i>4677 SE 4th Ave</i>	<i>New Plymouth</i>	<i>ID</i>	<i>USA</i>	<i>83655</i>	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>Rikki Ruiz</i>	<del>PO BOX 250</del> <i>4677 SE 4th Ave</i>	<i>New Plymouth,</i>	<i>ID</i>	<i>USA</i>	<i>83655</i>	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:  <div style="text-align: center;"><b>IDAHO W 113421</b></div>	6. Signature:   <hr/> Name (type or print): <i>Rikki Ruiz / Cody Ruiz</i>		Date: <i>10/29/15</i> <hr/> <i>10/29/15</i> Title: <i>owner</i>																																			

Issued 10/26/2015 by SLD

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**