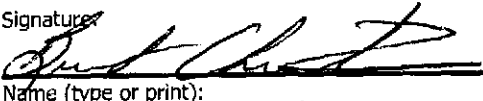


No. W 104699 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 09/27/2017 1. Mailing Address: Correct in this box if needed. BT CHRISTENSEN FARMS LLC BRENT CHRISTENSEN 744 E 1100 N SHELLEY ID 83274 USA	2. Registered Agent and Office (NOT A P.O. BOX) JULIE SAUNDERS 744 E 1100 N SHELLEY ID 83274 3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Brent Christensen</td> <td>744 E 1100 N</td> <td>Shelley</td> <td>ID</td> <td>USA</td> <td>83274</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Brett Christensen</td> <td>744 E 1100 N</td> <td>Shelley</td> <td>ID</td> <td>USA</td> <td>83274</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Brent Christensen	744 E 1100 N	Shelley	ID	USA	83274	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Brett Christensen	744 E 1100 N	Shelley	ID	USA	83274	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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