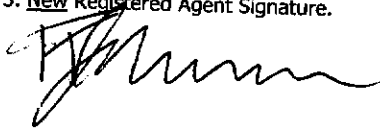





No. <b>W 76846</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 11/10/2010</b>								
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b>  JOHANSEN RANCH, L.L.C. TAYLOR JOHANSEN 331 N 400 W BLACKFOOT ID 83221	<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> F TAYLOR JOHANSEN 331 N 400 W BLACKFOOT ID 83221							
		<b>3. New Registered Agent Signature.</b> 							
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.</b>									
<table border="1"><thead><tr><th>Manager/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></table>			Manager/Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager/Member	Name	Street or PO Address	City	State	Country	Postal Code			
<table border="1"><tbody><tr><td></td><td>Nikki Johansen</td><td>331 N 400 W</td><td>Blackfoot ID</td><td>US</td><td>83221</td><td></td></tr></tbody></table>				Nikki Johansen	331 N 400 W	Blackfoot ID	US	83221	
	Nikki Johansen	331 N 400 W	Blackfoot ID	US	83221				
<b>5. Organized Under the Laws of:</b>  IDAHO W 76846	<b>6.</b> <table border="1"><tr><td>Signature: </td><td>Date: 12-3-10</td></tr><tr><td>Name (type or print): Nikki Johansen</td><td>Title: Manager</td></tr></table>		Signature: 	Date: 12-3-10	Name (type or print): Nikki Johansen	Title: Manager			
Signature: 	Date: 12-3-10								
Name (type or print): Nikki Johansen	Title: Manager								
Issued 11/24/2010 by CLH									

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**