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|---|--|----------------------|---|-------|---------|-------------|-------------|---|----------------|--------|-------------|-----|--|-------|--|--|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| No. W 40672 | Reinstatement Annual Report Form ADMIN DISSOLVED 09/20/2012 | | 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 REINSTATEMENT FEE DUE: \$30.00 | 1. Mailing Address: Correct in this box if needed. DIRT BROKE CATTLE CO., L.L.C. PO BOX 696 STAR ID 83669 3824 N. 3950 E. Handen, Id. 83334 | | AMY RENAE PARRISH 181 N PLUMMER RD STAR ID 83669 JEFF T WALLIS <i>Jeff T. Wallis</i> 3. <u>New</u> Registered Agent Signature. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td>Manager or Member</td> <td>Name</td> <td>Street or PO Address</td> <td>City</td> <td>State</td> <td>Country</td> <td>Postal Code</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>JEFF T. WALLIS</td> <td>3824 N</td> <td>Handen, Id.</td> <td>USA</td> <td></td> <td>83334</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td>3950 E.</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> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | JEFF T. WALLIS | 3824 N | Handen, Id. | USA | | 83334 | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | 3950 E. | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | JEFF T. WALLIS | 3824 N | Handen, Id. | USA | | 83334 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | 3950 E. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 40672 | 6. Signature: <i>Jeff T. Wallis</i> Name (type or print): JEFF T. WALLIS | | Date: 1-29-14 Title: OWNER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Issued 01/29/2014 by DKJ

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM