

No. W 27452	Reinstatement Annual Report Form ADMIN DISSOLVED 03/12/2012		2. Registered Agent and Office (NOT A P.O. BOX) DANIEL L MCKENZIE 1060 MCKENZIE RD TROY ID 83871
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. BEAR CREEK FARMS, LLC GLEN G UTZMAN 1060 MCKENZIE RD PO BOX 8477 TROY ID 83871 MOSCOW, ID 83843 USA		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	DANIEL L. MCKENZIE	1060 MCKENZIE RD	TROY	ID	USA	83871
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; padding: 10px;"> IDAHO W 27452 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"> Signature: <u><i>Daniel L McKenzie</i></u> </td> <td style="width: 30%;"> Date: <u>6/5/2012</u> </td> </tr> <tr> <td> Name (type or print): <u>DANIEL L. MCKENZIE</u> </td> <td> Title: <u>MANAGER</u> </td> </tr> </table>	Signature: <u><i>Daniel L McKenzie</i></u>	Date: <u>6/5/2012</u>	Name (type or print): <u>DANIEL L. MCKENZIE</u>	Title: <u>MANAGER</u>
Signature: <u><i>Daniel L McKenzie</i></u>	Date: <u>6/5/2012</u>				
Name (type or print): <u>DANIEL L. MCKENZIE</u>	Title: <u>MANAGER</u>				

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