

FILED EFFECTIVE

No. W 81875 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 05/10/2013 1. Mailing Address: Correct in this box if needed. BILBAO RANCH LLC 901 W 520 N PO Box 527 SHOSHONE ID 83352 Gooding, ID 83330	2. Registered Agent and Office (NOT A P.O. BOX) ROSEMARIE BILBAO 901 W 520 N SHOSHONE ID 83352 3. New 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 ☒ Member ☐</td> <td>Rosemarie Bilbao</td> <td>901 West 520 North</td> <td>Shoshone, ID</td> <td></td> <td>USA</td> <td>83352</td> </tr> <tr> <td>Manager ☐ Member ☒</td> <td>Edward Bilbao</td> <td>PO Box 64</td> <td>Gooding, ID</td> <td></td> <td>USA</td> <td>83330</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☒ Member ☐	Rosemarie Bilbao	901 West 520 North	Shoshone, ID		USA	83352	Manager ☐ Member ☒	Edward Bilbao	PO Box 64	Gooding, ID		USA	83330	Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 81875	6. Signature: <u>Rosemarie Bilbao</u> Date: <u>5/16/13</u> Name (type or print): <u>Rosemarie Bilbao</u> Title: <u>Manager</u>																																				

Issued 05/16/2013 by LLC