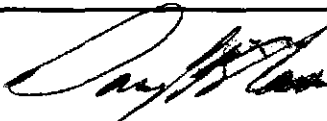


No. <b>W 114896</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 10/04/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>  DARYL KLASSEN 2935 W 2050 S ABERDEEN ID 83210																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>				1. <b>Mailing Address: Correct in this box if needed.</b>  MPH FARMS, LLC DARYL J KLASSEN 2935 W. 2050 S. ABERDEEN ID 83210																																		
4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <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 type="checkbox"/></td> <td>DARYL KLASSEN</td> <td>2935 W 2050 S</td> <td>ABERDEEN</td> <td>ID</td> <td></td> <td>83210</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td>PHILLIP KLASSEN</td> <td>"</td> <td></td> <td></td> <td>"</td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td>MICHAEL KLASSEN</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 type="checkbox"/>	DARYL KLASSEN	2935 W 2050 S	ABERDEEN	ID		83210	Manager <input type="checkbox"/> Member <input type="checkbox"/>	PHILLIP KLASSEN	"			"		Manager <input type="checkbox"/> Member <input type="checkbox"/>	MICHAEL KLASSEN	"			"		Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 114896</b>		6. Signature:  Date: <u>10-12-2016</u> Name (type or print): <u>Daryl J. Klassen</u> Title: <u>Member</u>																																				

Issued 10/12/2016 by online

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM