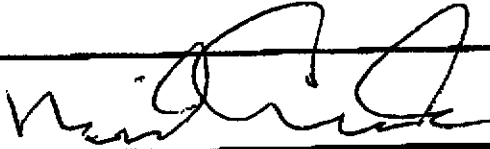


No. W 44762	Reinstatement Annual Report Form ADMIN DISSOLVED 02/04/2010		2. Registered Agent and Office (NOT A P.O. BOX) NEIL A ANDERSON 71 S 700 W BLACKFOOT ID 83221														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. FARM KIDS, LLC NEIL A ANDERSON 71 S 700 W BLACKFOOT ID 83221		3. New Registered Agent Signature.														
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Manager or Member</th> <th style="width: 30%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"> ☒ Manager ☐ Member (circle one) </td> <td colspan="6"> Neil Anderson 71 S 700 W Blackfoot ID 83221 </td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	☒ Manager ☐ Member (circle one)	Neil Anderson 71 S 700 W Blackfoot ID 83221					
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code											
☒ Manager ☐ Member (circle one)	Neil Anderson 71 S 700 W Blackfoot ID 83221																
5. Organized Under the Laws of: IDAHO W 44762		6. Signature:  Date: 1-2-12 Name (type or print): NEIL ANDERSON Title: Mgr															
Issued 01/09/2012 by KAH																	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the