

REINSTATEMENT

| No. W 16594 | Annual Report Form | | 2. Registered Agent and Office NOT A P.O. BOX | | | | | | | | | | | | | |
|---|---|--|---|-------|-------------|------|------------------------|------|-------|-----|----------------------------|------------------------|-------------------------|-------------|----|-------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00 | ADMIN DISSOLVED 12/05/2003 1. Mailing Address - Correct in this box, if applicable | | STEPHEN H TELFORD 2635 CHANNING WAY IDAHO FALLS, ID 83404 | | | | | | | | | | | | | |
| | FARMERS DAUGHTER, LLC CATHERINE L LINDERMAN 5559 NORTH YELLOWSTONE HWY IDAHO FALLS, ID 83401 | | | | | | | | | | | | | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Owner/President Manager</td> <td>Catherine L. Linderman</td> <td>5559 N. Yellowstone Hwy</td> <td>Idaho Falls</td> <td>ID</td> <td>83401</td> </tr> </tbody> </table> | | | | | Office held | Name | Street or P.O. Address | City | State | Zip | Owner/President Manager | Catherine L. Linderman | 5559 N. Yellowstone Hwy | Idaho Falls | ID | 83401 |
| Office held | Name | Street or P.O. Address | City | State | Zip | | | | | | | | | | | |
| Owner/President Manager | Catherine L. Linderman | 5559 N. Yellowstone Hwy | Idaho Falls | ID | 83401 | | | | | | | | | | | |
| 5. Organized under the laws of: IDAHO W 16594 | | 6. Signature <u>Catherine Linderman</u> Date <u>12-23-04</u> Name (Typed or Printed) <u>Catherine L. Linderman</u> Title <u>Owner</u> | | | | | | | | | | | | | | |

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