

No. <b>W 90992</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 05/13/2011</b>		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) ROBIN JUKER 1459 E 1850 S GOODING ID 83330																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed.  MALAD RIVER CATTLE CO. LLC ROBIN JUKER 1459 E 1850 S GOODING ID 83330																					
	3. <u>New</u> Registered Agent Signature.																					
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>																						
<table border="1"><thead><tr><th>Manager or Member 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 colspan="6">Manager <u>Member</u> (circle one)</td></tr><tr><td>Robin Juker</td><td>1459 E 1850 S</td><td>Gooding</td><td>ID</td><td>USA</td><td>83330</td></tr></tbody></table>					Manager or Member Name	Street or PO Address	City	State	Country	Postal Code	Manager <u>Member</u> (circle one)						Robin Juker	1459 E 1850 S	Gooding	ID	USA	83330
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5. Organized Under the Laws of:  <b>IDAHO W 90992</b>		6. <table border="1"><tr><td>Signature: <u>Robin Juker</u></td><td>Date: <u>6/1/11</u></td></tr><tr><td>Name (type or print): <u>Robin Juker</u></td><td>Title: <u>Owner/Manager</u></td></tr></table>			Signature: <u>Robin Juker</u>	Date: <u>6/1/11</u>	Name (type or print): <u>Robin Juker</u>	Title: <u>Owner/Manager</u>														
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Issued 05/19/2011 by CLH																						