

SENT BY: AMERITITLE;
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REINSTATEMENT

No. C 74851		Annual Report Form ADMIN DISSOLVED 04/07/2004		2. Registered Agent and Office NOT A P.O. BOX LOWELL C. MOORE 876 NORTH 2700 EAST ROBERTS. ID 83444																									
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00		MOORE RANCHES, INC. LOWELL C. MOORE P.O. BOX 207 ROBERTS, ID 83444		3. <u>Next</u> registered agent signature																									
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ 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>President</td><td>Lowell Moore</td><td>676 N 2700 E</td><td>Roberts</td><td>Id</td><td>83444</td></tr><tr><td>Vice President</td><td>James Moore</td><td>804 N 2900 E</td><td>Roberts</td><td>Id</td><td>83444</td></tr><tr><td>Secretary</td><td>Danielle Weekes</td><td>P.O. BOX 592</td><td>Ririe</td><td>Id</td><td>83443</td></tr></tbody></table>						Office held	Name	Street or P.O. Address	City	State	Zip	President	Lowell Moore	676 N 2700 E	Roberts	Id	83444	Vice President	James Moore	804 N 2900 E	Roberts	Id	83444	Secretary	Danielle Weekes	P.O. BOX 592	Ririe	Id	83443
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5. Organized under the laws of: IDAHO C 74851		6. Signature <u>Lowell Moore</u> Date <u>5-13-04</u> Name (Typed or Printed) <u>Lowell C Moore</u> Title <u>President</u>																											

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