

No. <b>W 115389</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 11/15/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> STEVE SOMSEN 2915 E YALE RD AMERICAN FALLS ID 83211																																			
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> SOMSEN RANCH, LLC STEVE SOMSEN <del>2915 E YALE RD</del> 2830 E 400 N AMERICAN FALLS ID 83211 - 480N	3. <u>New</u> Registered Agent Signature.																																	
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 checked="" type="checkbox"/></td> <td>Steve Somsen</td> <td>2830 E 400 N</td> <td>American Falls Id</td> <td>USA</td> <td></td> <td>83211</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> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></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 checked="" type="checkbox"/>	Steve Somsen	2830 E 400 N	American Falls Id	USA		83211	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Steve Somsen	2830 E 400 N	American Falls Id	USA		83211																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 115389</b>	6. Signature: <u>Bonnie Sutton</u> Name (type or print): <u>Bonnie Sutton</u>			Date: <u>Nov. 29, 2016</u> Title: <u>Bookkeeper</u>																																		

**FILED**