

No. <b>W 76298</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 10/15/2014</b>		2. Registered Agent and Office (NOT A P.O. BOX)																																			
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. PJC FARMS LLC PETE J CASTAGNETO 239 S LEMHI GLENN'S FERRY ID 83632 USA		PETER J CASTAGNETO 239 S LEMHI GLENN'S FERRY ID 83632  3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <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>Pete Castagneto</td> <td>239 S. Lemhi</td> <td>Glenns Ferry</td> <td>ID</td> <td></td> <td>83623</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"/>	Pete Castagneto	239 S. Lemhi	Glenns Ferry	ID		83623	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO W 76298</b>		6. Signature: <u>Pete Castagneto</u> Date: <u>10-27-14</u> Name (type or print): <u>Pete Castagneto</u> Title: <u>Member</u>																																				

Issued 10/27/2014 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**