

No. W 90358	Reinstatement Annual Report Form ADMIN DISSOLVED 05/14/2014		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 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. DJ NORRIS FARMS, LLC DON NORRIS 3552 N 3000 E TWIN FALLS ID 83301 USA		DON NORRIS 3552 N 3000 E TWIN FALLS ID 83301 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>Donald Lee Norris</td> <td>3552 N 3000 E</td> <td>TF</td> <td>ID</td> <td>USA</td> <td>83301</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Donald Lee Norris</td> <td>3552 N 3000 E</td> <td>TF</td> <td>ID</td> <td>USA</td> <td>83301</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"/>	Donald Lee Norris	3552 N 3000 E	TF	ID	USA	83301	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Donald Lee Norris	3552 N 3000 E	TF	ID	USA	83301	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"/>	Donald Lee Norris	3552 N 3000 E	TF	ID	USA	83301																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Donald Lee Norris	3552 N 3000 E	TF	ID	USA	83301																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of: IDAHO W 90358		6. Signature: <u>Donald Lee Norris II</u> Date: <u>5-19-14</u> Name (type or print): <u>Donald Lee Norris II</u> Title: <u>Member</u>																																				

Issued 05/19/2014 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM