No. <b>W 20913</b>		Due no later than 10/31/2009		2. Registered Agent and Address (NO PO BOX)		
Return to:		Annual Report Form		POCATELLO ID 83202		
SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.				
		H FARM EQUIPMENT, LLC RR 2 N BOX 66 D POCATELLO ID 83202				
NO FILIN RECEIVED B	•			3. <u>New</u> Registered A	gent Signatu	ire: 
4. Limited Liability	Companies: Ente	er Names and Address	es of at least one Member or Manage	er.		
Office Held	Name		Street or PO Address	Cíty	State	Zip
Pres	Gordon	· •	RTL No. Box 66 p	Pointell-	Id	85202
UP	Poy He. Brian H	^ Man	4444 Johny Creek Rd	Power	T./	87707
Sec-Tros	Brian H	trmon	RTL No. Box66 E	Pacatelli	المع	8)rac
and the second second		e e e e		. · · · · · · · ·		· — 1
					•	
5. Organized Und	er the Laws of:	5. Annual Report must	t be signed.			
ID W 209:		Signature: 8. M.		Da	Date: 11-/0-09	
	913	Name(type or print):_	Brian Harmon	Th	le: <u> اتحد -</u>	treum
Issued 11/5/200	9 by NLB				2009	10004802

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

- **BLOCK 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected addressmust be inside Block 1.
- **BLOCK 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**
- **BLOCK 3:** Only a <u>new</u> registered agent must sign in Block 3.
- BLOCK 4: Enter names and business addresses of president, secretary and directors (for corporations only), managers/members (for LLC's only), one or more general partners (for LP's only). Note: Putting "same as last year" or "same as above" or leaving the block blank will not be accepted. Changes here will not affect the address in Block 1. Be sure to include office held for each name listed.
- **BLOCK 5:** May not be altered through the use of this form.
- **BLOCK 6:** The annual report must be signed by a person authorized to represent the corporation/LLC/LP. Print or type the name and title of the signer below the signature.

## \*\* The image of this form will be available on the Internet once it is filed. DO <u>NOT</u> enter Social Security Numbers.

If the (Corporation/Limited Liability Company/Limited Partnership) is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on our website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost the the (Corporation/Limited Liability Company/Limited Partnership), to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

POSTMARK DATES WILL NOT BE ACCEPTED