



0005103052

**STATE OF IDAHO****Office of the secretary of state, Phil McGrane
REINSTATEMENT ANNUAL REPORT**

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: \$30.00

*For Office Use Only***-FILED-**

File #: 0005103052

Date Filed: 2/14/2023 1:04:27 PM

Reinstatement Annual Report Form

| Select one: Standard, Expedited or Same Day Service (see descriptions below) | Standard (filing fee \$30) | | | | | | |
|---|---|---|-------|---------|--|--------|---|
| Current Entity Name | PLATEAU FARMS, LLC | | | | | | |
| The file number of this entity on the records of the Idaho Secretary of State is: | 0000145802 | | | | | | |
| Organized under the laws of: | IDAHO | | | | | | |
| Entity Type: | Limited Liability Company (D) | | | | | | |
| Entity Subtype: | Limited Liability Company | | | | | | |
| Limited Liability Company Name: | PLATEAU FARMS, LLC | | | | | | |
| The registered agent on record is: | <p>Registered Agent</p> <p>TIMOTHY J STOVER Registered Agent Physical Address 905 SHOSHONE ST. N. TWIN FALLS, ID 83301</p> <p>Mailing Address PO BOX 1428 TWIN FALLS, ID 83303-1428</p> | | | | | | |
| The mailing address of the corporation is: | PO BOX 695 HAGERMAN, ID 83332-0695 | | | | | | |
| Limited Liability Company Managers and Members | | | | | | | |
| <table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Michael J. Henslee</td> <td>Member</td> <td>P.O. BOX 695 HAGERMAN, ID 83332-6950</td> </tr> </tbody> </table> | | Name | Title | Address | <input checked="" type="checkbox"/> Michael J. Henslee | Member | P.O. BOX 695 HAGERMAN, ID 83332-6950 |
| Name | Title | Address | | | | | |
| <input checked="" type="checkbox"/> Michael J. Henslee | Member | P.O. BOX 695 HAGERMAN, ID 83332-6950 | | | | | |
| The Application for Reinstatement must be signed by at least one governor. | | | | | | | |
| Job Title: | Member | | | | | | |
| <i>Michael J. Henslee</i> | <i>02/14/2023</i> | | | | | | |
| Sign Here | Date | | | | | | |