

1/8/2018

W 96541

No. W 96541	Reinstatement Annual Report Form ADMIN DISSOLVED 12/28/2017		2. Registered Agent and Office (NOT A P.O. BOX) <i>Jennifer Merlaue Crites</i>																																			
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. SALMON FALLS FIELD SERVICES LLC 1214 HWY 26 BLISS ID 83314		J MERLAINE CRITES 1214 HWY 26 BLISS ID 83314 3. New Registered Agent Signature. <i>Jennifer M Crites</i>																																			
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><i>Jennifer M Crites</i></td> <td><i>1214 Hwy 26</i></td> <td><i>Bliss</i></td> <td><i>ID</i></td> <td><i>83314</i></td> <td><i>-</i></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"/>	<i>Jennifer M Crites</i>	<i>1214 Hwy 26</i>	<i>Bliss</i>	<i>ID</i>	<i>83314</i>	<i>-</i>	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: IDAHO W 96541		6. Signature: <i>Jennifer M Crites</i> Date: <i>1-6-17</i> Name (type or print): <i>Jennifer M Crites</i> Title: <i>1-6-17</i>																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM