




No. <b>W 131632</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 02/10/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> TONY MARTINS <del>2048 E 3500 N</del> <b>482 SUNRIDGE DR.</b> <del>FILER ID 83328</del> <b>JEROME, ID 83338</b>																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> TONY MARTINS CATTLE LLC TONY MARTINS <del>2048 E 3500 N</del> <del>FILER ID 83328</del> <b>482 SUNRIDGE DR.</b> <b>JEROME, ID 83338</b>		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>TONY MARTINS</td> <td>482 SUNRIDGE DR</td> <td>JEROME</td> <td>ID</td> <td>USA</td> <td>83338</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	TONY MARTINS	482 SUNRIDGE DR	JEROME	ID	USA	83338	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:  <div style="text-align: center; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 131632</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Signature: </td> <td style="width: 30%;">Date: <u>02/18/15</u></td> </tr> <tr> <td>Name (type or print): <u>TONY MARTINS</u></td> <td>Title: _____</td> </tr> </table>			Signature: 	Date: <u>02/18/15</u>	Name (type or print): <u>TONY MARTINS</u>	Title: _____																															
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Issued 02/18/2015 by online

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM