

No. W 134675	Reinstatement Annual Report Form ADMIN DISSOLVED 05/26/2015		2. Registered Agent and Office (NOT A P.O. BOX) DARIN ANDERSON 916 1ST AVE DEARY ID 83823																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. HURLBERT FARMS, LLC PO BOX 156 DEARY ID 83823		3. <u>New</u> Registered Agent Signature.																																			
REINSTATEMENT FEE DUE: \$30.00																																						
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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>DARIN E. ANDERSON</td> <td>916 1st AVE</td> <td>DEARY</td> <td>FD</td> <td>LATAH</td> <td>83823</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>VICKI L. ANDERSON</td> <td>10731 15th AVE NE</td> <td>SEATTLE</td> <td>WA</td> <td></td> <td>98125</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>NANCY L. ANDERSON</td> <td>10731 15th AVE NE</td> <td>SEATTLE</td> <td>WA</td> <td></td> <td>98125</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>DALE E. ANDERSON</td> <td>1511 6th AVE</td> <td>LEWISTON</td> <td>FD</td> <td></td> <td>83501</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"/>	DARIN E. ANDERSON	916 1st AVE	DEARY	FD	LATAH	83823	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	VICKI L. ANDERSON	10731 15th AVE NE	SEATTLE	WA		98125	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	NANCY L. ANDERSON	10731 15th AVE NE	SEATTLE	WA		98125	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	DALE E. ANDERSON	1511 6th AVE	LEWISTON	FD		83501
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5. Organized Under the Laws of: IDAHO W 134675	6. Signature: <u>Darin E. Anderson</u> Name (type or print): <u>DARIN E. ANDERSON</u>		Date: <u>6-12-15</u> Title: <u>MANAGER</u>																																			
Issued 06/05/2015 by JL1																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM