

<b>No. W 119911</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2016</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b>  KIRT MARTSCHING 401 N MAIN ST TROY ID 83871																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b>  PALOUSE AG LEASING LLC KIRT MARTSCHING 401 N MAIN ST TROY ID 83871		<b>3. <u>New</u> Registered Agent Signature.</b>																																				
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <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>Jared Segebartt</td> <td>713 East F St</td> <td>Moscow</td> <td>ID</td> <td><del>Idaho</del> U.S.A.</td> <td>83843</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Sara Segebartt</td> <td>713 East F St</td> <td>Moscow</td> <td>ID</td> <td><del>Idaho</del> U.S.A.</td> <td>83843</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"/>	Jared Segebartt	713 East F St	Moscow	ID	<del>Idaho</del> U.S.A.	83843	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Sara Segebartt	713 East F St	Moscow	ID	<del>Idaho</del> U.S.A.	83843	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  IDAHO W 119911		<b>6.</b> Signature: <u>Jared Segebartt</u> Name (type or print): <u>Jared Segebartt</u> Date: <u>5/9/2016</u> Title: _____																																					

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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM