No. W 75997	Reinstatement Annual Report Form ADMIN DISSOLVED 10/11/2013	2. Registered Agent and Office **(NOT A P.O. BOX)** ~~ACTION AG LLC~~ Evelyn Floyd ~~5202 E. USTICK~~ RD 10724 Lincoln Rd CALDWELL ID 83605 Caldwell Id 83605
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.** ACTION AG SALES, LLC ~~TOM FLOYD~~ 10724 Lincoln Rd ~~PO BOX 487~~ Caldwell Id 83605 CALDWELL ID 83605	3. New Registered Agent Signature: Evelyn Floyd
REINSTATEMENT FEE DUE: $30.00		

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager ☐ Member ☑	Evelyn Floyd	10724 Lincoln Rd	Caldwell. Idaho			83605
Manager ☐ Member ☐						
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6.
IDAHO W 75997	Signature: Evelyn Floyd Date: 9/30/2015 Name (type or print): Evelyn Floyd Title: Managing Member

Issued 09/30/2015 by TLB

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM