

No. W 145752	Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2016		2. Registered Agent and Office (NOT A P.O. BOX) SHARRON J NOLFF 1985 OLD HIGHWAY 30 MOUNTAIN HOME ID 83647
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. LILAH'S LILAC RANCH LLC PO BOX 806 MOUNTAIN HOME ID 83647		3. <u>New</u> Registered Agent Signature.

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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Sharron J. Nolf, 1985 Old Highway 30, Mtn. Home, Idaho 83647					
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Navada F. Wheeler, 1985 Old Highway 30, Mtn. Home, Idaho 83647					
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Gardalie E. Rose, 1985 Old Highway 30, Mtn. Home, Idaho 83647					
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:

IDAHO

W 145752

6.

Signature: <u>Sharron J. Nolf</u> Name (type or print): <u>Sharron J. Nolf</u>	Date: <u>11/01/16</u> Title: <u>Manager/Member</u>
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

If the registered agent or office address is incorrect, strike the incorrect information and write in the correct information. **Note:** The office