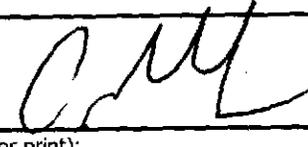


**FILED EFFECTIVE**

No. <b>W 172998</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 01/22/2018</b>		2. Registered Agent's Office <b>(NOT A P.O. BOX)</b> CORY SARTIN 2965 E SHADOWBAND ST EAGLE ID 83616  705 W. RUSH CT Eagle, ID, 83616
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> SARTIN HONEY FARMS LLC CORY SARTIN <del>2965 E SHADOWBAND ST</del> EAGLE ID 83616  705 W. RUSH CT Eagle, ID, 83616		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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Cory Sartin	705 W. RUSH CT	Eagle	ID	USA	83616
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:  <b>IDAHO W 172998</b>	6. Signature:  Date: <u>5/11/18</u> Name (type or print): _____ Title: _____
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