


No. W 18436	Reinstatement Annual Report Form ADMIN DISSOLVED 06/28/2017		2. Registered Agent and Office (NOT A P.O. BOX) DAVE TALBOT 1444 N 3400 W MALAD ID 83252
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. TALBOT FAMILY FARMS, LLC DAVID TALBOT 1444 N 3400 W MALAD CITY ID 83252		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"/>	Dave Talbot	1444 N. 3400 W.	Malad ID ORIDA 83252
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Doyle Talbot	1222 N. 3400 W.	Malad ID ORIDA 83252
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 18436 </div>		6. Signature:  <hr/> Name (type or print): <u>Dave Talbot</u> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Date: <u>7-20-17</u> Title: <u>Manager</u> </div> </div>	
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