No. W 52487	Reinstatement Annual Report Form ADMIN DISSOLVED 10/15/2014	2. Registered Agent and Office **(NOT A P.O. BOX)**
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.** PIVA LAND & CATTLE, L.L.C. ~~JAMES R BENNETTS~~ ~~1231 MAIN ST~~ ~~CHALLIS ID 83226~~ ROBERT A. PIVA 24950 HWY 93 CHALLIS. ID 83226	JAMES R BENNETTS 1231 MAIN ST CHALLIS ID 83226
REINSTATEMENT FEE DUE: $30.00		3. New 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 ☒ Member ☐	ROBERT A. PIVA	24950 HWY 93.	CHALLIS.	ID	US	83226
Manager ☒ Member ☐	JULIAN M. PIVA	PO BOX 94.	CHALLIS.	ID	US	83226
Manager ☒ Member ☐	JOSEPH A. PIVA	626 PIVA LANE.	CHALLIS.	ID	US	83226
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6.
IDAHO W 52487	Signature: Robert A. Piva Date: May 12, 2016 Name (type or print): ROBERT A. PIVA Title: MANAGER

Issued 05/11/2016 by online

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