

No. W 69913  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 03/27/2018  1. Mailing Address: Correct in this box if needed. WARD FEED & SEED LLC LARRY WARD 24 W HWY 38 MALAD ID 83252	2. Registered Agent and Office (NOT A P.O. BOX) JILL W WARD 24 W HWY 38 MALAD ID 83252  3. New Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Larry Ward</td> <td>24 W Hwy 38</td> <td>Malad</td> <td>ID</td> <td>83252</td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Jill Ward</td> <td>24 W Hwy 38</td> <td>Malad</td> <td>ID</td> <td>83252</td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Larry Ward	24 W Hwy 38	Malad	ID	83252		Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jill Ward	24 W Hwy 38	Malad	ID	83252		Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  IDAHO W 69913	6. Signature: <u><i>Jill Ward</i></u> Date: <u>4/10/18</u> Name (type or print): <u>Jill Ward</u> Title: <u>Owner</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.