


No. W 18882	Reinstatement Annual Report Form ADMIN DISSOLVED 07/08/2010		2. Registered Agent and Office (NOT A P.O. BOX) SHAWN FISCHER 3695 CASSIA NEW PLYMOUTH ID 83655														
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. FISCHER FARMS, LLC 3695 CASSIA NEW PLYMOUTH ID 83655		3. <u>New</u> Registered Agent Signature.														
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"> <thead> <tr> <th>Office Held</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</td> <td>SHAWN FISCHER</td> <td>3695 CASSIA</td> <td>NEW PLYMOUTH,</td> <td>ID</td> <td></td> <td>83655</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	MANAGER	SHAWN FISCHER	3695 CASSIA	NEW PLYMOUTH,	ID		83655
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MANAGER	SHAWN FISCHER	3695 CASSIA	NEW PLYMOUTH,	ID		83655											
5. Organized Under the Laws of: IDAHO W 18882	6. Signature:  Name (type or print): SHAWN FISCHER Date: 7-2-10 Title: MANAGER																
Issued 07/19/2010 by LJM																	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM