


12/28/2016

W 79392

No. W 79392	Reinstatement Annual Report Form ADMIN DISSOLVED 02/08/2011		2. Registered Agent and Office (NOT A P.O. BOX) DALLEN G FARMER 13 SOUTH 725 W BLACKFOOT ID 83221																																			
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. SNAKE RIVER GRAPHICS, LLC DALLEN G FARMER 13 SOUTH 725 W BLACKFOOT ID 83221		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>DALLEN FARMER</td> <td>13 S. 725 W.</td> <td>BLACKFOOT</td> <td>ID</td> <td></td> <td>83221</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>GARY FARMER</td> <td>13 S. 725 W.</td> <td>BLACKFOOT</td> <td>ID</td> <td></td> <td>83221</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"/>	DALLEN FARMER	13 S. 725 W.	BLACKFOOT	ID		83221	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	GARY FARMER	13 S. 725 W.	BLACKFOOT	ID		83221	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	DALLEN FARMER	13 S. 725 W.	BLACKFOOT	ID		83221																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	GARY FARMER	13 S. 725 W.	BLACKFOOT	ID		83221																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of: IDAHO W 79392	6. Signature:  Date: <u>12-28-16</u> Name (type or print): <u>DALLEN FARMER</u> Title: <u>CO-OWNER</u>																																					

Issued 12/28/2016 by online