




No. W 115641	Reinstatement Annual Report Form ADMIN DISSOLVED 11/15/2016		2. Registered Agent and Office (NOT A P.O. BOX) AUSTIN NIELSEN 19901 S COLE RD KUNA ID 83634 USA
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. VALLEY WIDE FARMS LLC 19901 S COLE RD <i>5780 E Kuna Rd</i> KUNA ID 83634		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 type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>Austin Nielsen</i>	<i>Same As Above</i>				
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>Christ P Nielsen</i>	<i>Same As Above</i>				
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;"> IDAHO W 115641 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  <hr/> Name (type or print): <i>Christ P Nielsen</i> </td> <td style="width: 40%;"> Date: <i>2-3-17</i> <hr/> Title: <i>Manager</i> </td> </tr> </table>	Signature:  <hr/> Name (type or print): <i>Christ P Nielsen</i>	Date: <i>2-3-17</i> <hr/> Title: <i>Manager</i>
Signature:  <hr/> Name (type or print): <i>Christ P Nielsen</i>	Date: <i>2-3-17</i> <hr/> Title: <i>Manager</i>		

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM