




No. W 126805	Reinstatement Annual Report Form ADMIN DISSOLVED 11/15/2016		2. Registered Agent and Office (NOT A P.O. BOX) SCOTT GILBERT 508 11TH AVE N BUHL ID 83316																																			
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. SG LAND AND LIVESTOCK LLC SCOTT J GILBERT 508 11TH AVE N BUHL ID 83316		3. <u>New</u> 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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Scott Gilbert</td> <td>508 11th AVE N</td> <td>BUHL</td> <td>ID</td> <td></td> <td>83316</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> <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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Scott Gilbert	508 11th AVE N	BUHL	ID		83316	Manager <input type="checkbox"/> Member <input type="checkbox"/>							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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Scott Gilbert	508 11th AVE N	BUHL	ID		83316																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of: IDAHO W 126805		6. <table border="1"> <tr> <td>Signature: </td> <td>Date: 8-</td> </tr> <tr> <td>Name (typed/print): Scott J. Gilbert</td> <td>Title: member</td> </tr> </table>		Signature: 	Date: 8-	Name (typed/print): Scott J. Gilbert	Title: member																															
Signature: 	Date: 8-																																					
Name (typed/print): Scott J. Gilbert	Title: member																																					

Issued 08/22/2017 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM