



0005199855

**STATE OF IDAHO****Office of the secretary of state, Phil McGrane  
REINSTATEMENT ANNUAL REPORT**

Idaho Secretary of State  
PO Box 83720  
Boise, ID 83720-0080  
(208) 334-2301  
Filing Fee: \$30.00

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File #: 0005199855

Date Filed: 4/13/2023 7:57:22 AM

## Reinstatement Annual Report Form

| Select one: Standard, Expedited or Same Day Service (see descriptions below)   | Standard (filing fee \$30)  |                                    |       |         |                       |         |                                    |
|--|---|------------------------------------|-------|---------|-----------------------|---------|------------------------------------|
| Current Entity Name  | Harrison Ranch and Rodeo Supply LLC   |                                    |       |         |                       |         |                                    |
| The file number of this entity on the records of the Idaho Secretary of State is:  | 0003386819  |                                    |       |         |                       |         |                                    |
| Organized under the laws of:   | IDAHO   |                                    |       |         |                       |         |                                    |
| Entity Type:   | Limited Liability Company (D)   |                                    |       |         |                       |         |                                    |
| Entity Subtype:  | Limited Liability Company   |                                    |       |         |                       |         |                                    |
| Limited Liability Company Name:  | Harrison Ranch and Rodeo Supply LLC   |                                    |       |         |                       |         |                                    |
| The registered agent on record is:   | <p>Registered Agent<br/>JUNELL WILLIAMS<br/>Registered Agent<br/>Physical Address<br/>34 E MAIN ST<br/>ST ANTHONY, ID 83445<br/>Mailing Address</p> |                                    |       |         |                       |         |                                    |
| Agent or Address Change?   | <p><input type="checkbox"/> Appoint new agent (address change not available).</p>   |                                    |       |         |                       |         |                                    |
| The mailing address of the corporation is:<br>JUSTIN AND DANIELLE HARRISON<br>7087 S 2000 W<br>REXBURG, ID 83440-4528  |   |                                    |       |         |                       |         |                                    |
| Limited Liability Company Managers and Members   |   |                                    |       |         |                       |         |                                    |
| <table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>+ Danielle R Harrison</td> <td>Manager</td> <td>7087 S 2000 W<br/>REXBURG, ID 83440</td> </tr> </tbody> </table> |   | Name                               | Title | Address | + Danielle R Harrison | Manager | 7087 S 2000 W<br>REXBURG, ID 83440 |
| Name   | Title   | Address                            |       |         |                       |         |                                    |
| + Danielle R Harrison  | Manager   | 7087 S 2000 W<br>REXBURG, ID 83440 |       |         |                       |         |                                    |
| The Application for Reinstatement must be signed by at least one governor.   |   |                                    |       |         |                       |         |                                    |
| Job Title:   | Manager   |                                    |       |         |                       |         |                                    |
| <p><i>Danielle Harrison</i></p> <p>Sign Here</p>   |   |                                    |       |         |                       |         |                                    |
| <p><i>04/13/2023</i></p> <p>Date</p>   |   |                                    |       |         |                       |         |                                    |