

No. W 64099	Reinstatement Annual Report Form ADMIN DISSOLVED 09/08/2009		2. Registered Agent and Office (NOT A P.O. BOX) PAT FUNKHOUSER 700 W 250 N FAIRFIELD ID 83327																						
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. FUNKHOUSER HAYSTACKING, LLC PO BOX 201 FAIRFIELD ID 83327		3. New 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>Pat Funkhouser</td> <td>Box 201</td> <td>Fairfield</td> <td>Id.</td> <td>Camas</td> <td>83327</td> </tr> <tr> <td>member</td> <td>Connie Funkhouser</td> <td>Box 201</td> <td>Fairfield</td> <td>Id.</td> <td>Camas</td> <td>83327</td> </tr> </tbody> </table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Manager	Pat Funkhouser	Box 201	Fairfield	Id.	Camas	83327	member	Connie Funkhouser	Box 201	Fairfield	Id.	Camas	83327
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5. Organized Under the Laws of: IDAHO W 64099	6. Signature: <u>Pat Funkhouser</u> Date: <u>11-10-09</u> Name (type or print): <u>Pat Funkhouser</u> Title: <u>manager</u>																								
Issued 10/05/2009 by NLB																									

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. **Note:** Do not put "same as last year" or "same as above". **These will not be accepted.**

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.