

No. W 5475	Reinstatement Annual Report Form ADMIN DISSOLVED 04/26/2016		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JACOB DEHOOG 31156 MARKER PARMA ID 83660			
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed.  DEHOOG DAIRIES, LLC JACOB DEHOOG 31156 MARKER PARMA ID 83660		3. New Registered Agent Signature.			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.						
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name <b>Jacob De Hoog</b>	Street or PO Address <b>31156 Marker</b>	City <b>Parma</b>	State <b>Idaho</b>	Country <b>US</b>	Postal Code <b>83660</b>
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 <input type="checkbox"/> Member <input type="checkbox"/>						
5. Organized Under the Laws of:		6.		Signature: <b>Jacob De Hoog</b>		
IDAHO W 5475		Name (type or print): <b>Jacob De Hoog</b>		Date: <b>7/14/16</b>		
				Title: <b>Manager</b>		

Issued 05/04/2016 by SLD

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**