


No. W 93681	Reinstatement Annual Report Form ADMIN DISSOLVED 08/25/2015		2. Registered Agent and Office (NOT A P.O. BOX) JOHN R HESS 3490 E 1000 N ASHTON ID 83420
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. HESS FAMILY FARMS, LLC DAVID R HESS 959 N 3400 E ASHTON ID 83420		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"/>	John R Hess	3490 E 1000 N	Ashton ID USA 83420
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	David R Hess	959 N 3400 E	Ashton ID USA 83420
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Douglas E. Hess	3351 E 1200 N	Ashton ID USA 83420
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 93681 </div>		6. Signature:  <hr/> Name (type or print): <u>David R. Hess</u> <hr/> <div style="display: flex; justify-content: space-between;"> <div> Date: <u>1-21-16</u> <hr/> Title: <u>Director/member</u> </div> </div>	
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM