




No. W 31136	Reinstatement Annual Report Form ADMIN DISSOLVED 09/22/2015		2. Registered Agent and Office (NOT A P.O. BOX) JOSEPH PAUL WORLTON 150 BANNOCK ARIMO ID 83214
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. WORLTON FARMS, LLC JOSEPH PAUL WORLTON PO BOX 92 ARIMO ID 83214		3. <u>New</u> Registered Agent Signature.
REINSTATEMENT FEE DUE: \$30.00			

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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Joseph Paul Worlton	PO Box 92	Arimo	ID	Bannock	83214
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: <div style="text-align: center; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 31136</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>2-1-16</u> </td> </tr> <tr> <td> Name (type or print): <u>Joseph Paul Worlton</u> </td> <td> Title: <u>Manager</u> </td> </tr> </table>	Signature: 	Date: <u>2-1-16</u>	Name (type or print): <u>Joseph Paul Worlton</u>	Title: <u>Manager</u>
Signature: 	Date: <u>2-1-16</u>				
Name (type or print): <u>Joseph Paul Worlton</u>	Title: <u>Manager</u>				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM