

No. W 65763	Reinstatement Annual Report Form ADMIN DISSOLVED 11/30/2017		2. Registered Agent and Office (NOT A P.O. BOX) GREG JAROLIMEK 2476 E 3500 N <i>130 Hwy 30</i> TWIN FALLS ID 83301 <i>Filer Id 83308</i>
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. JAROLIMEK FARM AND RANGELAND DRILL SEEDING LLC GREG JAROLIMEK 2476 E 3500 N <i>130 Hwy 30</i> TWIN FALLS ID 83301 <i>Filer Id 83308</i>		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"/> <i>Greg Jarolimek 130 Hwy 30 Filer Id USA 83308</i>			
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; margin-top: 20px;"> IDAHO W 65763 </div>		6. Signature: <i>[Signature]</i> <hr/> Name (type or print): <i>Greg Jarolimek</i> <hr/> <div style="text-align: right; margin-top: 20px;"> Date: <i>12-11-17</i> <hr/> Title: <i>MEMBER-</i> </div>	

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