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|--|--|---|---|
| <b>No. W 79159</b>   | <b>Reinstatement Annual Report Form<br/>ADMIN DISSOLVED 02/11/2013</b>   |   | <b>2. Registered Agent and Office<br/>(NOT A P.O. BOX)</b><br>MICHAEL SOMERVILLE<br>11918 PLANTATION CT<br>NAMPA ID 83651 |
| <b>Return to:</b><br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE<br/>DUE: \$30.00</b> | <b>1. Mailing Address: Correct in this box if needed.</b><br>WISH FOR TIME FARMS, LLC<br>MICHAEL SOMERVILLE<br>11918 PLANTATION CT<br>NAMPA ID 83651 |   | <b>3. <u>New</u> Registered Agent Signature.</b>  |
| <b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>   |  |   |   |
| <b>Manager or Member</b>   | <b>Name</b>  | <b>Street or PO Address</b>   | <b>City State Country Postal Code</b>   |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>  | MICHAEL Somerville 11918 Pkntation ct. Nampa, id. 83651  |   |   |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |  |   |   |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |  |   |   |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |  |   |   |
| <b>5. Organized Under the Laws of:</b><br><br><div style="text-align: center; font-size: 1.2em;">             IDAHO<br/>W 79159           </div>     |  | <b>6.</b><br>Signature: <u>Michael Somerville</u><br>Name (type or print): <u>MICHAEL Somerville</u><br>Date: <u>2/24/15</u><br>Title: <u>owner</u> |   |
| Issued 02/19/2015 by online  |  |   |   |

INSTRUCTIONS FOR