

No. <b>W 63738</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 09/07/2011</b>		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) DELLA WAGNON <del>525 W SOUTH SLOPE RD</del> <del>EMMETT ID 83617</del> 411 F Deishhard la #140 McCall ID 83638
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed.  ALPACA BELLA FINA RANCH LLC  <del>525 W SOUTH SLOPE RD</del> <del>EMMETT ID 83617</del> 411 F Deishhard la #140 McCall ID 83638		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 Member (circle one)						
	DELLA WAGNON	411 F Deishhard la #140	McCall	ID	Vailly	83638

5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 63738</b> </div>	6. <table style="width: 100%;"> <tr> <td style="width: 60%;">Signature: <u>DELLA WAGNON</u></td> <td style="width: 40%;">Date: <u>1/16/12</u></td> </tr> <tr> <td>Name (type or print): <u>DELLA WAGNON</u></td> <td>Title: <u>member</u></td> </tr> </table>	Signature: <u>DELLA WAGNON</u>	Date: <u>1/16/12</u>	Name (type or print): <u>DELLA WAGNON</u>	Title: <u>member</u>
Signature: <u>DELLA WAGNON</u>	Date: <u>1/16/12</u>				
Name (type or print): <u>DELLA WAGNON</u>	Title: <u>member</u>				

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