| No. J 2469 | Reinstatement Annual Report Form<br>LLP REVOKED 05/25/2016 | 2. Registered Agent and Office<br>**(NOT A P.O. BOX)**<br>~~CHASE HAWKINS~~<br>~~11262 N 37 E~~<br>IDAHO FALLS ID 83401<br>6132 E 113TH N |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080 | **1. Mailing Address: Correct in this box if needed.**<br>ARROW H. FARMS L.L.P<br>CHASE HAWKINS<br>11262 N 37 E<br>IDAHO FALLS ID 83401 | 3. New Registered Agent Signature. |
| ~~**REINSTATEMENT FEE**~~<br>**DUE:** $30.00 | | |

4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.

| Partners | Name | Street or PO Address | City | State | Country | Postal Code |
|---|---|---|---|---|---|---|
| Chase | Hawkins | PO Box 66 | UCON | ID | | 83454 |
| Stan | Hawkins | PO Box 367 | UCON | ID | US | 83454 |

| 5. Organized Under the Laws of: | 6. |
|---|---|
| IDAHO<br>J 2469 | Signature: _____ Date: 6/17/16<br>Name (type or print): Stan Hawkins Title: Owner |

Issued 06/17/2016 by SLD

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**