

No. W 65307	Reinstatement Annual Report Form ADMIN DISSOLVED 11/10/2010		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL L SMITH 393 WEST 113 NORTH IDAHO FALLS ID 83401															
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. SMITH FARMS & LIVESTOCK LLC MIKE L SMITH 393 WEST 113 NORTH IDAHO FALLS ID 83401 USA		3. <u>New</u> Registered Agent Signature.															
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.																		
<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Manager/Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </table>				Manager/Member	Name	Street or PO Address	City	State	Country	Postal Code								
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5. Organized Under the Laws of: IDAHO W 65307		6. <table border="0" style="width: 100%; margin-top: 20px;"> <tr> <td style="width: 70%;">Signature: <u>Kayla Smith</u></td> <td style="width: 30%;">Date: <u>1-31-11</u></td> </tr> <tr> <td>Name (type or print): <u>Kayla Smith</u></td> <td>Title: <u>Owner</u></td> </tr> </table>					Signature: <u>Kayla Smith</u>	Date: <u>1-31-11</u>	Name (type or print): <u>Kayla Smith</u>	Title: <u>Owner</u>								
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