

No. W 111222	Reinstatement Annual Report Form ADMIN DISSOLVED 06/05/2017		2. Registered Agent and Office (NOT A P.O. BOX) KEITH EVANS 296 N 150 E BLACKFOOT ID 83221
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. EVANS FARMS, LLC KEITH EVANS 296 N 150 E BLACKFOOT ID 83221		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"/>	Keith Evans	296 N 150 E	Blackfoot	ID	Boise	83221
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;"> IDAHO W 111222 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Keith Evans</u> </td> <td style="width: 40%;"> Date: <u>9-20-17</u> </td> </tr> <tr> <td> Name (type or print): <u>Keith Evans</u> </td> <td> Title: <u>member</u> </td> </tr> </table>	Signature: <u>Keith Evans</u>	Date: <u>9-20-17</u>	Name (type or print): <u>Keith Evans</u>	Title: <u>member</u>
Signature: <u>Keith Evans</u>	Date: <u>9-20-17</u>				
Name (type or print): <u>Keith Evans</u>	Title: <u>member</u>				

Issued 09/20/2017 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM