

No. W 116636	Reinstatement Annual Report Form ADMIN DISSOLVED 12/01/2014	2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. ABBOTT RANCHES LLC FLANCE TRANCHES L1959 W CHUBBUCK PD POCATE LO ID 193303	ORVAL B ABBOTT 33023 S STOCKTON RD SWAN LAKE ID 83281
REINSTATEMENT FEE	Orval B. Abbott 33023 S Stockton Rd. Swan Lake, Id 83281	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 Orval B. Abbott POBOX bo Swan Lake, Id bish 83281 Manager Member D. U. Key M. Abbott FOBOX 60 Swan Lake, Id Bish 83281 Manager Member Mem		
5. Organized Under the La IDAHO W 116636	Signature: Name (type or print): Dr. Bra B. ABBOM	Date: 1/30/15 Title: 1/30/15
Issued 01/30/2015 by onlin		

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM