No. W 96805	Reinstatement Annual Report Form ADMIN DISSOLVED 01/16/2014  1. Mailing Address: Correct in this box if needed. C AND B AG, LLC BRET GARRARD 261 S 650 E BURLEY ID 83318			2. Registered Agent and Office (NOT A P.D. BOX) BRET GARRARD 261 S 650 E BURLEY ID 83318		
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080						
reinstatement fee due: \$30.00				3. <u>New</u> Regi	stered Agent :	Signature.
<ul> <li>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</li> </ul>						
Manager or Member	Name	Street or PO Address	City	y State	Country	Postal Code
Manager X Member	Bret Garrard	261 South 650 East	Bui	rley, ID		83318
Manager 🗌 Member 🖔	Cory Webb	2500 East 700 South	De	clo, ID		83323
Manager  Member						
Manager 🗌 Member 🗍						
5. Organized Under the Lav	ws of: 6.	0 1				
IDAHO	Signature	Signature:		Date: 9/6/2017		
W 96805	Name (type or print):			Title:		
	Bret Garrard			Manager		
Technol 00/06/2017 by onlin	٥					