

No. W 65307	Reinstatement Annual Report Form ADMIN DISSOLVED 11/03/2016		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 83/20 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. SMITH FARMS & LIVESTOCK LLC MIKE L SMITH 393 WEST 113 NORTH IDAHO FALLS ID 83401		3. <u>Now</u> Registered Agent Signature.																																			
REINSTATEMENT FEE DUE: \$30.00																																						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Michael J Smith</td> <td>393W 113N</td> <td>IF</td> <td>50</td> <td>Idaho</td> <td>83401</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Kayla J Smith</td> <td>393W 113N</td> <td>IF</td> <td>ID</td> <td>bonaueville</td> <td>93401</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Michael J Smith	393W 113N	IF	50	Idaho	83401	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Kayla J Smith	393W 113N	IF	ID	bonaueville	93401	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 65307		6. Signature: <u>Mike J Smith</u> Name (type or print): <u>Mike L Smith</u> Date: <u>11-16-16</u> Title: <u>owner</u>																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

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