

No. W 102181	Reinstatement Annual Report Form ADMIN DISSOLVED 07/28/2016		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 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. MILE HI RANCH LLC DON B BOSWORTH PO BOX 703 POCATELLO ID 83204		DON B BOSWORTH 4940 JOHNNY CREEK ROAD POCATELLO ID 83204 3. <u>New</u> Registered Agent Signature.																																			
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 ☒ Member ☐</td> <td>DON BOSWORTH</td> <td>Box 703</td> <td>POC</td> <td>ID</td> <td>USA</td> <td>83204</td> </tr> <tr> <td>Manager ☒ Member ☐</td> <td>LISA BOSWORTH</td> <td>Box 703</td> <td>POC</td> <td>ID</td> <td>USA</td> <td>83204</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☒ Member ☐	DON BOSWORTH	Box 703	POC	ID	USA	83204	Manager ☒ Member ☐	LISA BOSWORTH	Box 703	POC	ID	USA	83204	Manager ☐ Member ☐							Manager ☐ Member ☐						
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