

No. W 48564	Reinstatement Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) CRYSTAL M ROBINSON 8772 SWEET OLA HWY SWEET ID 83670																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	ADMIN DISSOLVED 06/12/2015 1. Mailing Address: Correct in this box if needed. ROBINSONS RANCH, LLC CRYSTAL M ROBINSON 8772 SWEET OLA HWY SWEET ID 83670																																					
3. New 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 <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Crystal Robinson</td> <td>9772 Sweet OLA Hwy</td> <td>Sweet</td> <td>ID</td> <td>600</td> <td>83670</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Brandon Robinson</td> <td colspan="4">(Same as above)</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> <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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Crystal Robinson	9772 Sweet OLA Hwy	Sweet	ID	600	83670	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Brandon Robinson	(Same as above)					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 48564	6. Signature: <u>Crystal Robinson</u> Date: <u>11/06/2015</u> Name (type or print): _____ Title: _____																																					

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM