


No. W 101782 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 06/29/2018 1. Mailing Address: Correct in this box if needed. 7B LIVESTOCK, LLC DOUGLAS S BARNARD 4660 N 45TH E IDAHO FALLS ID 83401	2. Registered Agent and Office (NOT A P.O. BOX) DOUGLAS S BARNARD 4660 N 45TH E IDAHO FALLS ID 83401 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 <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Douglas S. Barnard</td> <td>4660 N 45 E</td> <td>Idaho Falls</td> <td>ID</td> <td>Bonneville</td> <td>83401</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Debra Kay Barnard</td> <td>4660 N 45 E</td> <td>Idaho Falls</td> <td>ID</td> <td>Bonneville</td> <td>83401</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"/>	Douglas S. Barnard	4660 N 45 E	Idaho Falls	ID	Bonneville	83401	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Debra Kay Barnard	4660 N 45 E	Idaho Falls	ID	Bonneville	83401	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 101782	6. Signature:  Date: <u>18 July 2018</u> Name (type or print): <u>Douglas S. Barnard</u> Title: <u>Manager</u>																																				

Issued 07/18/2018 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the