

No. <b>W 98065</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 02/24/2017</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>  CALVIN LLOYD 1499 MOUNTAIN RD BANCROFT ID 83217				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed.  KC FARMS, LLC CALVIN G LLOYD 1499 MOUNTAIN RD BANCROFT ID 83217		3. <u>New</u> Registered Agent Signature.				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.							
Manager or Member	Name	Street or PO Address	City State Country Postal Code				
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Calvin G. Lloyd	1499 Mtn. Rd.	Bancroft Idaho Caribou 83217				
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 98065</div>		6. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">           Signature: <u>Calvin G. Lloyd</u> </td> <td style="width: 50%;">           Date: <u>3-27-17</u> </td> </tr> <tr> <td>           Name (type or print): <u>Calvin G. Lloyd</u> </td> <td>           Title: <u>Manager</u> </td> </tr> </table>		Signature: <u>Calvin G. Lloyd</u>	Date: <u>3-27-17</u>	Name (type or print): <u>Calvin G. Lloyd</u>	Title: <u>Manager</u>
Signature: <u>Calvin G. Lloyd</u>	Date: <u>3-27-17</u>						
Name (type or print): <u>Calvin G. Lloyd</u>	Title: <u>Manager</u>						
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