FILED EFFECTIVE

No. W 4579	Reinstatement Annual Report Form ADMIN DISSOLVED 11/06/2008	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	1. **Mailing Address: Correct in this box if needed.** HIGH PRAIRIE HONEY, L.L.C. ~~WILLIAM G LEMMONS~~ ~~912 FAIR ST~~ ~~BUHL ID 83316~~ Benjamin W. Lemmons 1644E.4200N. Buhl, Idaho 83316	~~W G LEMMONS~~ ~~726 FAIR AVE~~ ~~BUHL ID 83316~~ BW Lemmons 1644E 4200N Buhl, ID 83316
REINSTATEMENT FEE **DUE:** $30.00		3. New Registered Agent Signature. B. W. Lemmons

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 ☒ Member ☐	B.W. LEMMONS	1644E4200N	Buhl	ID	USA	83316
Manager ☒ Member ☐	W.G. LEMMONS	300 Main E	Buhl	ID	USA	83316
Manager ☒ Member ☐	H.G. LEMMONS	124 Badger Hill Trail	Willow Creek	MT	USA	59760
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6.
IDAHO W 4579	Signature: Benjamin W Lemmons Date: 05/06/15 Name (type or print): Benjamin W. Lemmons Title: partner

Issued 04/28/2015 by KAH

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. **Notes** To ensure future mailings, the