No. W 5424	Reinstatement Annual Report Form ADMIN DISSOLVED 04/14/2014 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. OPALINE AQUA FARM, L.L.C. SHARON E CUNNINGHAM 9347 FISH POND LANE MELBA ID 83641	SHARON E CUNNINGHAM 9347 FISH POND LANE MELBA ID 83641	
reinstatement fee due: \$30.00		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 Member Sharen E Chimingham 9347 Fish Pand Lane Methato 4534 83641 Manager Member Robert R. Chimingham 9347 Fish Pond Lane Methato 4534 83641 Manager Member Chiacle He E. Alexander 1474 Fish Pond Lane Methato 655 83641 Manager Member Member			
5. Organized Under the La IDAHO W 5424 Issued 04/19/2014 by onlir	Signature: Shall Clemning as Name (type or print): Shall Climning from	Date: A-17-2014 Title: Manage:	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM