



FILED EFFECTIVE

No. W 50214  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>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 08/06/2009</b>  <b>1. Mailing Address: Correct in this box if needed.</b> FIELD INVESTMENTS LLC <del>JIM YEARSLEY</del> <del>2500 N CRANSTON CT</del> <del>POST FALLS ID 83854</del> GERRY MAHN % PATTY TITCHENAL 1331 W. GRANGE POST FALLS ID 83854		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> JIM YEARSLEY 2500 N CRANSTON CT POST FALLS ID 83854 GERRY MAHN 22330 N. Timber Ridge Rd. RATHDRUM, ID 83858  <b>3. New Registered Agent Signature.</b> 																																		
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <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>GERRY MAHN % PATTY TITCHENAL</td> <td>1331 W. GRANGE</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>CORY MAHN</td> <td>"</td> <td></td> <td></td> <td></td> <td>POST FALLS, ID 83854</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>DAANAN MAHN</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"/>	GERRY MAHN % PATTY TITCHENAL	1331 W. GRANGE					Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	CORY MAHN	"				POST FALLS, ID 83854	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	DAANAN MAHN	"					Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  IDAHO W 50214	<b>6.</b> Signature:  Name (type or print): GERRY MAHN  Date: 4-1-15 Title: MANAGER																																				

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## 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 corrected address **must** be inside Block 1.