

No. W 103537	Reinstatement Annual Report Form ADMIN DISSOLVED 08/15/2014		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. FARLEY EQUIPMENT LLC RANDALL J FARLEY 914 ROCKY POINT RD 12452 Kaignan Rd. POCATELLO ID 83204 USA		RANDALL FARLEY 914 ROCKY POINT RD 12452 Kaignan Rd. POCATELLO ID 83204
REINSTATEMENT FEE DUE: \$30.00			3. New Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name	Street or PO Address	City State Country Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Randall Farley	12452 Kaignan Pocatello, Id 83204	
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Linda Farley	P.O. Box 96 Pocatello Id Bannock 83204	
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:  IDAHO W 103537	6. Signature: <u>Randall Farley</u> Name (type or print): <u>Randall Farley</u>		
	Date: <u>11/11/14</u> Title: <u>Manager</u>		

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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