

FILED EFFECTIVE

No. W 103537 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 08/15/2014 1. Mailing Address: Correct in this box if needed. FARLEY EQUIPMENT LLC RANDALL J FARLEY 814 ROCKY POINT RD PO Box 96 POCATELLO ID 83204 12452 Kaigan dr. POCATELLO ID 83204 USA	2. Registered Agent and Office (NOT A P.O. BOX) RANDALL FARLEY 814 ROCKY POINT RD 12452 Kaigan dr. POCATELLO ID 83204 3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <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>Randall Farley</td> <td>12452 Kaigan</td> <td>Pocatello</td> <td>ID</td> <td></td> <td>83204</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Linda Farley</td> <td>P.O. Box 96</td> <td>Pocatello</td> <td>ID</td> <td>Bannock</td> <td>83204</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> <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"/>	Randall Farley	12452 Kaigan	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"/>						
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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>																																				

Issued 09/15/2014 by JL1

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