


No. <b>W 95555</b>		<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 11/03/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JOHN REITSMA <del>738 CANYON RIM RD</del> <b>329 S 417 E</b> <del>TWIN FALLS ID 83301</del> <b>JEROME, ID 83338</b>	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. <b>Mailing Address:</b> Correct in this box if needed. U.S. 93 DAIRY, LLC JOHN REITSMA <del>738 CANYON RIM RD</del> <b>329 S 417 E</b> <del>TWIN FALLS ID 83301</del> <b>JEROME, ID 83338</b>		3. <u>New</u> Registered Agent Signature.	
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>					
4. <b>Limited Liability Companies:</b> Enter Names and Addresses of Managers OR Members. See Instructions.					
<b>Manager or Member</b>		<b>Name</b>		<b>Street or PO Address</b>	
<b>City</b>		<b>State</b>		<b>Country</b>	
<b>Postal Code</b>					
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>		JOHN REITSMA 329 S 417 E JEROME, ID US 83338			
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
<div style="text-align: right; font-size: 2em; font-weight: bold;">FILED</div>					
5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 95555</b>		6. Signature:  Name (type or print): <u>John Reitsma</u> Title: <u>Member</u>			
Date: <u>12-1-16</u>					