

No. W 103715	Reinstatement Annual Report Form ADMIN DISSOLVED 08/15/2014		2. Registered Agent and Office (NOT A P.O. BOX) MARK L HESS 2424 E CHICAGO ST CALDWELL ID 83607			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. IDAHO DRAFHORSE & EQUIPMENT SALES LLC. PO BOX 1326 CALDWELL ID 83607		3. New 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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>Mark L. Hess P. Box 1326 Caldwell Idaho USA 83607</i>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
5. Organized Under the Laws of:		6.		Date:		
IDAHO		Signature:		<i>9-26-14</i>		
W 103715		Name (type or print):		Title:		
		<i>Mark L. Hess Manager Manager</i>				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM