

No. W 100544	Reinstatement Annual Report Form ADMIN DISSOLVED 05/14/2014		2. Registered Agent and Office (NOT A P.O. BOX) MITCHEL PITTMANN 4919 NW 1ST AVE NEW PLYMOUTH ID 83655																																			
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. PITTMAN RANCHES, LLC MITCHEL PITTMANN 4919 NW 1ST AVE NEW PLYMOUTH ID 83655		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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Mitch Pittman</td> <td>4919 NW 1st Ave</td> <td>New Plymouth</td> <td>ID</td> <td>US</td> <td>83655</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Jody Pittman</td> <td>4919 NW 1st Ave</td> <td>New Plymouth</td> <td>ID</td> <td>US</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> <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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Mitch Pittman	4919 NW 1st Ave	New Plymouth	ID	US	83655	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jody Pittman	4919 NW 1st Ave	New Plymouth	ID	US		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 100544		6. Signature: <u> </u> Date: <u>12/28/16</u> Name (type or print): <u>Mitch Pittman</u> Title: <u> </u>																																				

Issued 12/15/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM