




No. W 33383	Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2015		2. Registered Agent and Office (NOT A P.O. BOX) DARREN SPONSELLER 448 N 2800 E ROBERTS ID 83444																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0060 REINSTATEMENT FEE due: \$30.00	1. Mailing Address: Correct in this box if needed. IDA-BEST HAY FARMS, LLC 448 N 2800 E ROBERTS ID 83444		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 checked="" type="checkbox"/></td> <td>Darren Sponseller</td> <td>448 N. 2800 E.</td> <td>Roberts, ID</td> <td>USA</td> <td></td> <td>83444</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Christine Sponseller</td> <td>448 N. 2800 E.</td> <td>Roberts, ID</td> <td>USA</td> <td></td> <td>83444</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 checked="" type="checkbox"/>	Darren Sponseller	448 N. 2800 E.	Roberts, ID	USA		83444	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Christine Sponseller	448 N. 2800 E.	Roberts, ID	USA		83444	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM