

No. W 107659	Reinstatement Annual Report Form ADMIN DISSOLVED 01/16/2015		2. Registered Agent and Office (NOT A P.O. BOX) ALL DAY \$49 IDAHO REGISTERED A 1900 NORTHWEST BLVD STE 106A COEUR D ALENE ID 83814 USA
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. 4X LIVESTOCK, LLC 445 E 200 N BLACKFOOT ID 83221		3. <u>New</u> Registered Agent Signature.
REINSTATEMENT FEE DUE: \$30.00			

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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Joshua J. Oleson	445 E. 200 N.	Blackfoot	ID.	USA	83221
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Cicily Z. Oleson	445 E. 200 N.	Blackfoot	ID.	USA	83221
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 107659</div>	6. Signature: <u>Cicily Z. Oleson</u> Name (type or print): <u>Cicily Z. Oleson</u> <div style="text-align: right;"> Date: <u>2/10/15.</u> Title: <u>member</u> </div>
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Issued 02/10/2015 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM