	<u> </u>	D EFFECTIVE	
No. W 110883	Reinstatement Annual Report Form ADMIN DISSOLVED 05/14/2014	2. Registered Agent and Office (NOT A P.O. BOX)  DAVID H ARKOOSH	!
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  REINSTATEMENT FEE DUE: \$30.00	1. Malling Address: Correct in this box if needed.  GROW LOCAL USA, LLC MARY HURJA 80380 PASEO ENCANTO- INDIO CA 92201 USA 2109 N. C. L. S. R.D.  Bo(SE ID 83706)	802 W BANNOCK ST 9TH FLOOR BOISE ID 83702 MARY HULL A HOURDA BOISE ID 83703  3. New Registered Agent Signature.	lave
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 Member TIM Hurja 2109 N. Curt's Boise ID 83706  Manager Member MARY Hurja 2109 N. Curt's 20 Bosse ID 83706			
Manager Member Manager Member Member			
5. Organized Under the La IDAHO W 110883	Name (type or print)	Date: 6/10/14 Title: /	
Issued 06/10/2014 by JL1			1

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.** 

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Check either Member or Manager. Enter names and business addresses of managers or members of the limited liability company. Note: <u>DO NOT</u> put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. If more space is needed please add an attachment.