




No. <b>C 185101</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 02/10/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> KENNETH DONALD HINES 5835 WHISPERING HILLS DR MARSING ID 83639
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> WHISPERING HEIGHTS FARM, INC. KENNETH D. HINES 5835 WHISPERING HILLS DR MARSING ID 83639		3. <u>New</u> Registered Agent Signature.

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.  

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	KENNETH HINES	5835 Whispering Hills Drive	MARSING ID.	U.S.		83639
SECRETARY/ TREASURER	GERALDINE HINES	5835 Whispering Hills Drive	MARSING ID.	U.S.		83639

5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>C 185101</b> </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:  </td> <td style="width: 40%;">           Date: <u>MAY 20, 2015</u> </td> </tr> <tr> <td>           Name (type or print): <u>KENNETH HINES</u> </td> <td>           Title: <u>PRESIDENT</u> </td> </tr> </table>	Signature: 	Date: <u>MAY 20, 2015</u>	Name (type or print): <u>KENNETH HINES</u>	Title: <u>PRESIDENT</u>
Signature: 	Date: <u>MAY 20, 2015</u>				
Name (type or print): <u>KENNETH HINES</u>	Title: <u>PRESIDENT</u>				

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## 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