
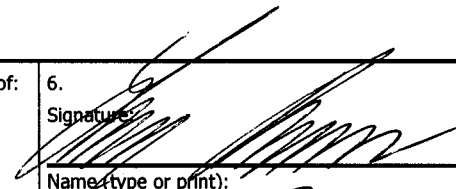


<b>No. W 79324</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 10/14/2015</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> Need to Appoint																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b> HARRY AND FLORA BOKMA FARMING LLC HARRY B BOKMA 3919 N 1000 E BUHL ID 83316-6052		FLORA Bokma 3919 N. 1000 E. BUHL ID 83316 <b>3. New Registered Agent Signature.</b> 																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <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>FLORA BOKMA</td> <td>3919 N. 1000 E.</td> <td>BUHL</td> <td>ID</td> <td>USA</td> <td>83316</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>HARRY B. Bokma</td> <td>3919 N. 1000 E</td> <td>BUHL</td> <td>ID</td> <td>USA</td> <td>83316</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"/>	FLORA BOKMA	3919 N. 1000 E.	BUHL	ID	USA	83316	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	HARRY B. Bokma	3919 N. 1000 E	BUHL	ID	USA	83316	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  <b>IDAHO</b> <b>W 79324</b>	<b>6.</b> Signature:  Name (type or print): <u>FLORA Bokma</u>			Date: <u>10-19-15</u> Title: <u>owner.</u>																																		