

No. W 98065	Reinstatement Annual Report Form ADMIN DISSOLVED 02/08/2012		2. Registered Agent and Office (NOT A P.O. BOX) CALVIN LLOYD 1499 MOUNTAIN RD BANCROFT ID 83217	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. KC FARMS, LLC 1499 MOUNTAIN RD BANCROFT ID 83217		3. <u>New</u> Registered Agent Signature.	

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 (circle one)						
Manager	Calvin Lloyd	1499 Mtn. Rd.	Bancroft	ID	USA	83217 83217

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO W 98065</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Signature: <u>Calvin Lloyd</u></td> <td style="width: 30%;">Date: <u>3/24/12</u></td> </tr> <tr> <td>Name (type or print): <u>Calvin Lloyd</u></td> <td>Title: <u>Manager</u></td> </tr> </table>	Signature: <u>Calvin Lloyd</u>	Date: <u>3/24/12</u>	Name (type or print): <u>Calvin Lloyd</u>	Title: <u>Manager</u>
Signature: <u>Calvin Lloyd</u>	Date: <u>3/24/12</u>				
Name (type or print): <u>Calvin Lloyd</u>	Title: <u>Manager</u>				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct 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: Circle either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company. **Note:** Do not put "same as last year" or "same as above". **These will not be accepted.**

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.