

No. <b>W 121857</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 05/26/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> PATRICK LOZIER 1657 REED LN SODA SPRINGS ID 83276																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> LOZIER FARM LLC VICKI K LOZIER 1657 REED LN SODA SPRINGS ID 83276 USA		3. <u>New</u> Registered Agent Signature.																																			
<b>REINSTATEMENT FEE DUE: \$30.00</b>																																						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Vicki Lozier</td> <td>1657 Reed Lane</td> <td>Soda Springs, ID</td> <td>Baribou,</td> <td></td> <td>83276</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Patrick Lozier</td> <td>↑ S/A</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> <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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Vicki Lozier	1657 Reed Lane	Soda Springs, ID	Baribou,		83276	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Patrick Lozier	↑ S/A					Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO W 121857</b>	6. Signature: <i>Vicki Lozier</i> Name (type or print) <u>VICKI LOZIER</u>		Date: <u>6-5-15</u> Title: <u>Owner</u>																																			
Issued 06/02/2015 by online																																						

## 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**