No. W 42494	Reinstatement Annual Report Form ADMIN DISSOLVED 12/28/2017	2. Registered Agent and Office (NOT A P.O. BOX) JOHN SHAW 823 E 2700 S HAGERMAN ID 83332
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. **Mailing Address: Correct in this box if needed.** HAGERMAN WINGS FARM, LLC 823 E 2700 S HAGERMAN ID 83332	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

FILED EFFECTIVE

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 ☐	JOHN SHAW	823 E. 2700 S	HAGERMAN	ID		83332
Manager ☐ Member ☐						
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:

IDAHO
W 42494

6.

Signature: [signature] Date: 02/05/18

Name (type or print): JOHN SHAW Title: OWNER/MEMBER

Issued 01/18/2018 by TLB

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM