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APPLICATION FOR REINSTATEMENT

To the SECRETARY OF STATE, STATE OF IDAHO

1. The name of the Idaho limited liability company applying for reinstatement following administrative dissolution or forfeiture, if available, is:

FISHLAKE FARMS, LLC
2. The date of its organization was: January 22, 2016
3. The limited liability company hereby applies for reinstatement. If the entity name is unavailable, a certificate of amendment for a name change must be attached.

Signature:

William E. Powell

Manager or Member:

Member

Date:

9-25-2018

(must be signed by a manager or member of the LLC)

Secretary of State use only

No. W 161248	Reinstatement Annual Report Form ADMIN DISSOLVED 05/02/2017		2. Registered Agent and Office (NOT A P.O. BOX) JACOB E REISENAUER 326 E SIXTH ST DEARY ID 83823 MOSCOW, ID 83843																																			
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. FISHLAKE FARMS, LLC 1004 OLD PARK RD P.O. Box 245 DEARY ID 83823		3. New Registered Agent Signature.																																			
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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>WILLIAM E. POWELL</td> <td>1501 GUYANN DRIVE</td> <td>ANCHORAGE</td> <td>ALASKA</td> <td></td> <td>99515</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>NATHAN L. POWELL</td> <td>1501 GUYANN DRIVE</td> <td>ANCHORAGE</td> <td>ALASKA</td> <td></td> <td>99515</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"/>	WILLIAM E. POWELL	1501 GUYANN DRIVE	ANCHORAGE	ALASKA		99515	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	NATHAN L. POWELL	1501 GUYANN DRIVE	ANCHORAGE	ALASKA		99515	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: IDAHO W 161248	6. Signature: <u>William E. Powell</u> Date: <u>9-25-2018</u> Name (type or print): <u>WILLIAM E. POWELL</u> Title: <u>MEMBER</u>																																					

Issued 09/25/2018 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 mailing 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: Check 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. Changes here will not affect the address in Block 1.** If more space is needed please add an attachment.

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.

**** The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.**

If the limited liability company is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the limited liability company to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

If the document is incorrect, is there a telephone number to reach you for corrections? 208-816-0788