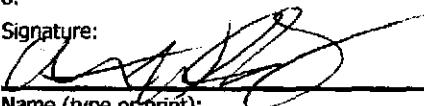


No. W 158515		Reinstatement Annual Report Form ADMIN DISSOLVED 02/27/2018					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SHEETZ IRRIGATION LLC ETHAN W SHEETZ 32773 N NEWMAN DR SPIRIT LAKE ID 83869 901 N. B. ST. COEUR D'ALENE ID 83814				2. Registered Agent and Office (NOT A P.O. BOX) ETHAN W SHEETZ 32773 N NEWMAN DR SPIRIT LAKE ID 83869	
REINSTATEMENT FEE DUE: \$30.00						3. New Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.							
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>		Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input type="checkbox"/>		Ethan W. Sheetz 901 N. B Street COEUR D'ALENE ID 83814					
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
5. Organized Under the Laws of: IDAHO W 158515		6. Signature:  Name (type or print): <u>Ethan W. Sheetz</u>					
		Date: <u>3-19-2018</u> Title: <u>OWNER</u>					

Issued 03/19/2018 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