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07-10-2017

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No. W 162656	Reinstatement Annual Report Form ADMIN DISSOLVED 06/28/2017		2. Registered Agent and Office (NOT A P.O. BOX) TODD WINEGAR 225 N 9TH ST STE 020 BOISE ID 83702																																			
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. THOMAS LAND & LIVESTOCK, LLC ROBERT THOMAS 17947 SHORTCUT RD OREANA ID-83650 83650		FILED																																			
REINSTATEMENT FEE DUE: \$30.00			3. Box 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>Robert A. Thomas,</td> <td>17947 Shortcut Rd.,</td> <td>Oreana,</td> <td>ID</td> <td></td> <td>83650</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Kelly Thomas,</td> <td>17947 Shortcut Rd.,</td> <td>Oreana,</td> <td>ID</td> <td></td> <td>83650</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"/>	Robert A. Thomas,	17947 Shortcut Rd.,	Oreana,	ID		83650	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Kelly Thomas,	17947 Shortcut Rd.,	Oreana,	ID		83650	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 162656		(5) Signature: <i>Robert A. Thomas</i> Name (type or print): ROBERT A. THOMAS	Date: 7/19/2017 Title: Member																																			

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM