

<b>No. W 13190</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 01/14/2013</b>  <b>1. Mailing Address: Correct in this box if needed.</b> RIC FARMS, LLC WILL RICKS 64 RICKS RD MONTEVIEW ID 83435 USA		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> WILL RICKS 64 RICKS RD MONTEVIEW ID 83435  <b>3. New Registered Agent Signature.</b>																																		
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <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>Reed Ricks</td> <td>501 Montevue Hwy.,</td> <td>Montevue,</td> <td>ID</td> <td></td> <td>83435</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Will Ricks</td> <td>64 Ricks Rd.,</td> <td>Montevue,</td> <td>ID</td> <td></td> <td>83435</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Angela Ricks</td> <td>64 Ricks Rd.,</td> <td>Montevue,</td> <td>ID</td> <td></td> <td>83435</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"/>	Reed Ricks	501 Montevue Hwy.,	Montevue,	ID		83435	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Will Ricks	64 Ricks Rd.,	Montevue,	ID		83435	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Angela Ricks	64 Ricks Rd.,	Montevue,	ID		83435	Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  <b>IDAHO W 13190</b>	<b>6.</b> Signature: <u>Angela Ricks</u> Date: <u>Feb. 6, 2013</u> Name (type or print): <u>Angela Ricks</u> Title: <u>member</u>																																				

Issued 02/06/2013 by SLD

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**