

No. <b>W 102755</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 07/15/2014</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> LARRY M HANSEN 231 LINCOLN FIRTH ID 83236																																			
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. RAMBLIN ROSE RANCH, LLC LARRY M HANSEN PO BOX 115 FIRTH ID 83236 USA		3. <u>New</u> Registered Agent Signature.																																			
<b>REINSTATEMENT FEE DUE: \$30.00</b>																																						
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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>LARRY M HANSEN</td> <td>POB 115</td> <td>FIRTH</td> <td>ID</td> <td>USA</td> <td>83236</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Ree Leen Hansen</td> <td>PO Box 115</td> <td>FIRTH</td> <td>ID</td> <td>USA</td> <td>83236</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	LARRY M HANSEN	POB 115	FIRTH	ID	USA	83236	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Ree Leen Hansen	PO Box 115	FIRTH	ID	USA	83236	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:  <b>IDAHO W 102755</b>	6. Signature: <u>Larry M Hansen</u> Date: <u>7-29-2014</u> Name (type or print): <u>LARRY M. HANSEN</u> Title: <u>MANAGER</u>																																					

Issued 07/25/2014 by SLD

### 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