

No. W 141308	Reinstatement Annual Report Form ADMIN DISSOLVED 11/30/2017		2. Registered Agent and Office (NOT A P.O. BOX) TIMOTHY WELLS 7667 LUPINE LN VICTOR ID 83455 USA																																				
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. SEGO, LLC TIMOTHY WELLS 7667 LUPINE LN VICTOR ID 83455																																						
REINSTATEMENT FEE DUE: \$30.00			3. <u>New</u> 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 ☒ Member ☐</td> <td>Tim wells</td> <td>7667 Lupine Ln.</td> <td>Victor</td> <td>ID</td> <td>USA</td> <td>8455 83455</td> </tr> <tr> <td>Manager ☒ Member ☐</td> <td>Peter wells</td> <td>7667 Lupine Ln.</td> <td>Victor</td> <td>ID</td> <td>USA</td> <td>8455 83455</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☒ Member ☐	Tim wells	7667 Lupine Ln.	Victor	ID	USA	8455 83455	Manager ☒ Member ☐	Peter wells	7667 Lupine Ln.	Victor	ID	USA	8455 83455	Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 141308		6. Signature:  Date: <u>3/19/18</u> Name (type or print): <u>Tim wells</u> Title: <u>CEO</u>																																					