

No. W 62473	Reinstatement Annual Report Form ADMIN DISSOLVED 08/12/2013		2. Registered Agent and Office (NOT A P.O. BOX) GARY D LISH 2276 WEST PORTNEUF RD INKOM ID 83245																																			
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. THUNDERBOLT STONE L.L.C. GARY D LISH PO BOX 351 INKOM ID 83245		3. <u>New</u> Registered Agent Signature.																																			
REINSTATEMENT FEE DUE: \$30.00																																						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Gary D Lish</td> <td>2276 W. Portneuf Rd.</td> <td>Inkom</td> <td>Id.</td> <td>USA</td> <td>83245</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> <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"/>	Gary D Lish	2276 W. Portneuf Rd.	Inkom	Id.	USA	83245	Manager <input type="checkbox"/> Member <input type="checkbox"/>							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: <div style="text-align: center;">IDAHO W 62473</div>		6. <table style="width: 100%;"> <tr> <td style="width: 60%;"> Signature: <u><i>Gary D Lish</i></u> Name (type or print): <u>Gary D. Lish</u> </td> <td style="width: 40%;"> Date: <u>8/22/13</u> Title: <u>Owner manager</u> </td> </tr> </table>		Signature: <u><i>Gary D Lish</i></u> Name (type or print): <u>Gary D. Lish</u>	Date: <u>8/22/13</u> Title: <u>Owner manager</u>																																	
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