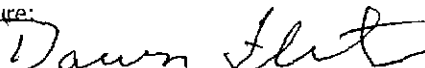


| | | | | | |
|---|---|--|---|-----|-------|
| No. W 54506 | Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2015 | | 2. Registered Agent and Office (NOT A P.O. BOX) DAWN FLETCHER 420 MAIN AVE S TWIN FALLS ID 83301 | | |
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00 | 1. Mailing Address: Correct in this box if needed. FLETCHER - VOYLES, LLC DAWN M FLETCHER 420 MAIN AVE S TWIN FALLS ID 83301 | | 3. <u>New</u> Registered Agent Signature. | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. | | | | | |
| Manager or Member Name Street or PO Address City State Country Postal Code | | | | | |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | DAWN FLETCHER | 330 CEDAR PARK CIR. | TWIN ID FALLS | USA | 83301 |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | TERI VOYLES | 1953 ELIZABETH BLVD. | TWIN ID FALLS | USA | 83301 |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | |
| 5. Organized Under the Laws of: <div style="text-align: center; font-size: large;"> IDAHO W 54506 </div> | | 6. Signature: <div style="text-align: center; font-size: large;">  </div> Date: 2-29-16 <hr/> Name (type or print): Dawn Fletcher <hr/> Title: president | | | |

Issued 02/25/2016 by online

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