

No. W 54254	Reinstatement Annual Report Form ADMIN DISSOLVED 12/28/2017		2. Registered Agent and Office (NOT A P.O. BOX)																																			
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. GREAT WESTERN PARTNERS I, LLC BRUCE DEMAeyer PO BOX 745 754 N 2460 W VICTOR ID 83455 HURRICANE, UT 84737		THOMAS R DEMAeyer 2 BANNOCK CIRCLE VICTOR ID 83455 JE WHITLOCK CPA, PLLC 71 HASTINGS DR VICTOR ID 83455-5281 3. New Registered Agent Signature. <i>J Whitlock</i>																																			
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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>THOMAS R DEMAeyer</td> <td>754 N 2460 W</td> <td>HURRICANE</td> <td>UT</td> <td></td> <td>84737</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>BRUCE R DEMAeyer</td> <td>1120 KIDDS MILL RD</td> <td>VERSAILLES, KY</td> <td></td> <td></td> <td>40383</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	THOMAS R DEMAeyer	754 N 2460 W	HURRICANE	UT		84737	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	BRUCE R DEMAeyer	1120 KIDDS MILL RD	VERSAILLES, KY			40383	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: IDAHO W 54254		6. Signature: <i>Thomas R DEMAeyer</i> Name (type or print): <u>THOMAS R DEMAeyer</u> Date: <u>2/22/18</u> Title: <u>MEMBER</u>																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM