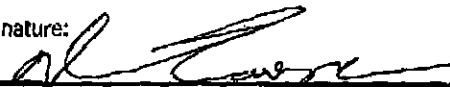
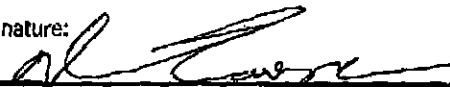
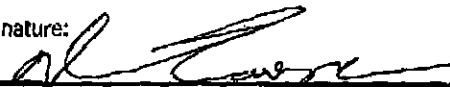


No. W 82097	Reinstatement Annual Report Form ADMIN DISSOLVED 06/23/2016		2. Registered Agent and Office (NOT A P.O. BOX) DAVID B COOPER 578 N 100 W BLACKFOOT ID 83221																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. GOLDEN SUNSET EQUIPMENT, LLC DAVID COOPER 578 N 100 W BLACKFOOT ID 83221		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>David Cooper</td> <td>578 N. 100 W.</td> <td>Blackfoot, ID</td> <td>Bingham</td> <td></td> <td>83221</td> </tr> <tr> <td>Manager ☐ Member ☒</td> <td>Doug Case</td> <td>198 W. 500 N.</td> <td>Blackfoot, ID</td> <td>Bingham</td> <td></td> <td>83221</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 ☒	David Cooper	578 N. 100 W.	Blackfoot, ID	Bingham		83221	Manager ☐ Member ☒	Doug Case	198 W. 500 N.	Blackfoot, ID	Bingham		83221	Manager ☐ Member ☐							Manager ☐ Member ☐						
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