

REINSTATEMENT

Annual Report Form ADMIN DISSOLVED 03/06/2001		2. Registered Agent and Office NOT A.P.O. BOX EDWARD LAWSON 540 SECOND AVE NO KETCHUM, ID 83340										
No. W 11348	Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	3. New registered agent signature										
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☒ Members (check one) <table border="1"><thead><tr><th>Office held</th><th>Name</th><th>Street or P.O. Address</th><th>City</th><th>State</th></tr></thead><tbody><tr><td>Manager member</td><td>DONNA Rose</td><td>Box 3730</td><td>Ketchum</td><td>ID 83340</td></tr></tbody></table>			Office held	Name	Street or P.O. Address	City	State	Manager member	DONNA Rose	Box 3730	Ketchum	ID 83340
Office held	Name	Street or P.O. Address	City	State								
Manager member	DONNA Rose	Box 3730	Ketchum	ID 83340								
5. Organized under the laws of: IDAHO W 11348		6. Signature <u>Donna Rose</u> Date <u>1/17/02</u> Name (Typed or Printed) <u>DONNA Rose</u> Title <u>1/12/02</u>										

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STATE OF IDAHO