




<b>No. W 104502</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 09/10/2013</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> JOHN SABALA 225 WHITETAIL DR MCCALL ID 83638																																										
<b>Return to:</b> SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b> WHITETAIL L.L.C JOHN SABALA 4271 N NINES RIDGE LN BOISE ID 83702																																												
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <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>Jason Hawkins</td><td>PO Box 3030 McCall ID</td><td></td><td></td><td></td><td>83638</td></tr><tr><td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td><td>John Sabala</td><td>4271 North Nines Ridge Ln</td><td></td><td></td><td></td><td>83702</td></tr><tr><td></td><td></td><td>Boise ID.</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Jason Hawkins	PO Box 3030 McCall ID				83638	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	John Sabala	4271 North Nines Ridge Ln				83702			Boise ID.					Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							<b>3. <u>New</u> Registered Agent Signature.</b>
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<b>5. Organized Under the Laws of:</b>  IDAHO W 104502		<b>6.</b> <table><tr><td><b>Signature:</b></td><td><b>Date:</b></td></tr><tr><td></td><td>7-28-14</td></tr><tr><td><b>Name (type or print):</b></td><td><b>Title:</b></td></tr><tr><td>John Sabala</td><td>President</td></tr></table>		<b>Signature:</b>	<b>Date:</b>		7-28-14	<b>Name (type or print):</b>	<b>Title:</b>	John Sabala	President																																		
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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**