


No. W 112979	Reinstatement Annual Report Form ADMIN DISSOLVED 07/15/2014		2. Registered Agent and Office (NOT A P.O. BOX) JASON SWALLOW 2238 W LOS FLORES DR MERIDIAN ID 83646
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. TEREDO MANAGEMENT SERVICES LLC JASON SWALLOW 2238 W LOS FLORES DR MERIDIAN ID 83646		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"/>	TEREDO ENERGY LLC	3725 E Eagle Rd Ste 115	EAGLE	ID	USA	83016
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	DOUBLE HOOK SERVICES LLC	P.O. Box 1129	NEW TOWN	ND		58703
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: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 112979</div>	6. Signature:  <hr/> Name (type or print): JASON SWALLOW <hr/>	Date: 9-14-16 <hr/> Title: Manager <hr/>
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Issued 09/14/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct