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| No. <b>W 145649</b>   | <b>Reinstatement Annual Report Form</b><br><b>ADMIN DISSOLVED 03/07/2016</b>   |  | 2. Registered Agent and Office<br><b>(NOT A P.O. BOX)</b><br>NICHOLAS WILLIAM WADE<br>2074 MISSMAN RD<br>COUNCIL ID 83612 |
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE</b><br><b>DUE: \$30.00</b> | 1. <b>Mailing Address: Correct in this box if needed.</b><br>COYOTE CODERS, LLC<br>NICHOLAS WADE<br><del>2074 MISSMAN RD</del> <b>PO Box 431</b><br>COUNCIL ID 83612 |  | 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"/> | Nicholas Wade | PO Box 431           | Council ID | USA   |         | 83612       |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>            |               |                      |            |       |         |             |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>            |               |                      |            |       |         |             |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>            |               |                      |            |       |         |             |

|   |  |   |                      |  |                              |
|---|--|---|----------------------|--|------------------------------|
| 5. Organized Under the Laws of:<br><br><div style="text-align: center;"> <b>IDAHO</b><br/> <b>W 145649</b> </div> | 6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:  </td> <td style="width: 40%;">           Date: <u>8/11/16</u> </td> </tr> <tr> <td>           Name (type or print): <u>Nicholas William Wade</u> </td> <td>           Title: <u>Owner / Member</u> </td> </tr> </table> | Signature:  | Date: <u>8/11/16</u> | Name (type or print): <u>Nicholas William Wade</u> | Title: <u>Owner / Member</u> |
| Signature:                      | Date: <u>8/11/16</u>   |   |                      |  |                              |
| Name (type or print): <u>Nicholas William Wade</u>  | Title: <u>Owner / Member</u>   |   |                      |  |                              |

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## 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