

<p>No. <b>W 8952</b></p> <p>Return to:          SECRETARY OF STATE          450 N 4th STREET          PO BOX 83720          BOISE, ID 83720-0080</p> <p><b>REINSTATEMENT FEE          DUE: \$30.00</b></p>	<p align="center"><b>Reinstatement Annual Report Form          ADMIN DISSOLVED 09/20/2012</b></p> <p><b>1. Mailing Address: Correct in this box if needed.</b>          DAKOTA CONSTRUCTION, L.L.C.          TROY D FUELLER          10989 DANIELLE RD          HAYDEN ID 83835</p>	<p><b>2. Registered Agent and Office          (NOT A P.O. BOX)</b>          TROY D FUELLER          10989 DANIELLE RD          HAYDEN ID 83835</p> <p><b>3. New Registered Agent Signature.</b></p>																																			
<p><b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b></p> <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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>TROY D. FUELLER</td> <td>10989 DANIELLE RD</td> <td>HAYDEN</td> <td>ID</td> <td>USA</td> <td>83835</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> <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 checked="" type="checkbox"/> Member <input type="checkbox"/>	TROY D. FUELLER	10989 DANIELLE RD	HAYDEN	ID	USA	83835	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<p><b>5. Organized Under the Laws of:</b></p> <p align="center"><b>IDAHO          W 8952</b></p>	<p><b>6.</b></p> <p>Signature: <u><i>Troy D. Fueller</i></u> Date: <u>5/9/13</u></p> <p>Name (type or print): <u>TROY D FUELLER</u> Title: <u>OWNER</u></p>																																				

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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM