


No. <b>W 74177</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 08/05/2010</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  POTTERMAN HOLLOW, LLC TRAVIS G TOLMAN <del>2085 W HEYREND WAY</del> <b>939 So. 25<sup>th</sup> EAST</b> <del>IDAHO FALLS ID 83402</del> <b>SUTE 105</b> USA <b>Amman, ID 83406</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> TRAVIS G TOLMAN <del>2085 W HEYREND WAY</del> <b>2265 Teton Plaza</b> <del>IDAHO FALLS ID 83402</del> <b>83404</b>  <b>3. New Registered Agent Signature.</b>													
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.</b> <table border="1"> <thead> <tr> <th>Office Held</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>Managing Member</td> <td>TRAVIS TOLMAN</td> <td><del>2085</del> 939 So. 25<sup>th</sup> East</td> <td>Amman, ID</td> <td>USA</td> <td></td> <td>83406</td> </tr> </tbody> </table>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Managing Member	TRAVIS TOLMAN	<del>2085</del> 939 So. 25 <sup>th</sup> East	Amman, ID	USA		83406
Office Held	Name	Street or PO Address	City	State	Country	Postal Code										
Managing Member	TRAVIS TOLMAN	<del>2085</del> 939 So. 25 <sup>th</sup> East	Amman, ID	USA		83406										
<b>5. Organized Under the Laws of:</b>  <b>IDAHO W 74177</b>	<b>6.</b> Signature:  Name (type or print): <u>TRAVIS G. TOLMAN</u> Title: <u>Managing Member</u>															
Issued 09/15/2010 by LJC																

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.