


FILED EFFECTIVE

No. W 148095	Reinstatement Annual Report Form ADMIN DISSOLVED 05/25/2016		2. Registered Agent and Office (NOT A P.O. BOX)																																			
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. OSTROM FAMILY HOLDINGS, LLC TODD OSTROM 208 SOUTH ACADEMY AVE STE 130 EAGLE ID 83616 <i>1152 W. State St. Suite 102</i> <i>Star, ID 83669</i>	TODD OSTROM 208 SOUTH ACADEMY AVE STE 130 EAGLE ID 83616 <i>1152 W State suite 102</i> <i>Star, ID 83669</i>																																				
		3. <u>New</u> Registered Agent Signature.																																				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <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>Kimberly Ostrom</td> <td>7071 W. Plantation</td> <td>Eagle</td> <td>ID</td> <td></td> <td>83616</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Todd Ostrom</td> <td>7071 W. Plantation</td> <td>Eagle</td> <td>ID</td> <td></td> <td>83616</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"/>	Kimberly Ostrom	7071 W. Plantation	Eagle	ID		83616	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Todd Ostrom	7071 W. Plantation	Eagle	ID		83616	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 148095		6. Signature:  Date: <i>8/16/17</i> Name (type or print): <i>Kim Ostrom</i> Title: <i>Member</i>																																				
Issued 08/16/2017 by online																																						