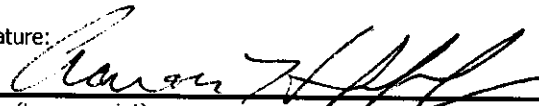
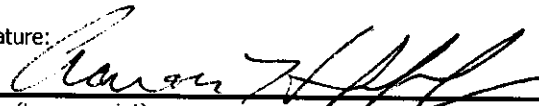
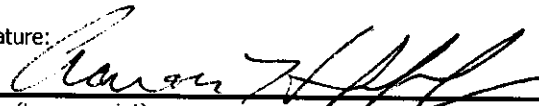


No. W 108757	Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2013		2. Registered Agent Office (NOT A P.O. BOX) AARON HUFFAKER 178 HARPSTER DR HARPSTER ID 83552 5987 Hwy 12 KODSKIA ID 83539																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. HUFFAKER CONSTRUCTION LLC AARON HUFFAKER 178 HARPSTER DR HARPSTER ID 83552 5987 Hwy 12 KODSKIA, ID 83539																																					
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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Aaron Huffaker</td> <td>5987 Hwy 12</td> <td>KODSKIA</td> <td>ID</td> <td>ID</td> <td>83539</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"/>	Aaron Huffaker	5987 Hwy 12	KODSKIA	ID	ID	83539	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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