

No. W 20336	Reinstatement Annual Report Form ADMIN DISSOLVED 11/10/2010		2. Registered Agent and Office (NOT A P.O. BOX) PETER DAVID WATKINS 101 APACHE LN HAILEY ID 83333												
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. PETER WATKINS CONSTRUCTION, LLC PETER WATKINS 101 APACHE LN HAILEY ID 83333														
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"> <thead> <tr> <th>Manager/Member 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 colspan="6">Member, Peter Watkins, 101 Apache LN, Hailey ID 83333</td> </tr> </tbody> </table>			Manager/Member Name	Street or PO Address	City	State	Country	Postal Code	Member, Peter Watkins, 101 Apache LN, Hailey ID 83333						3. <u>New</u> Registered Agent Signature. 
			Manager/Member Name	Street or PO Address	City	State	Country	Postal Code							
Member, Peter Watkins, 101 Apache LN, Hailey ID 83333															
5. Organized Under the Laws of: IDAHO W 20336	6. Signature:  Date: 11/19/10 Name (type or print): Peter Watkins Title: Member														
Issued 11/18/2010 by DK1															

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not shown in Block 1, strike it out and write in the