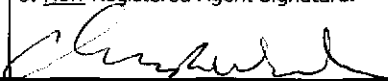



|  |   |  |  |
|--|---|--|--|
| No. <b>W 122945</b>  | <b>Reinstatement Annual Report Form</b><br><b>ADMIN DISSOLVED 06/28/2017</b>  |  | 2. Registered Agent and Office<br><b>(NOT A P.O. BOX)</b><br>CHARLES WODELMAN<br>PO BOX 231<br>COOLIN ID 83821                   |
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE</b><br><b>DUE: \$30.00</b>                        | 1. <b>Mailing Address: Correct in this box if needed.</b><br>PRIEST LAKE LAWN CARE LLC<br>PO BOX 231<br>COOLIN ID 83821 |  | 3. <u>New</u> Registered Agent Signature.<br> |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.  |   |  |  |
| Manager or Member      Name      Street or PO Address      City      State      Country      Postal Code   |   |  |  |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> CHARLES R WODELMAN      4550 VICTORY RD      Priest Lake      ID      83856                    |   |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |   |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |   |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |   |  |  |
| 5. Organized Under the Laws of:<br><br><div style="text-align: center; font-weight: bold; font-size: large;">             IDAHO<br/>             W 122945           </div> |   | 6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;">           Signature:<br/> <br/>           Name (type or print):<br/> <u>CHARLES R WODELMAN</u> </div> <div style="width: 35%;">           Date:<br/> <u>7/15/17</u><br/>           Title:<br/> <u>OWNER/OPERATOR</u> </div> </div> |  |
| Issued 07/06/2017 by TLB   |   |  |  |