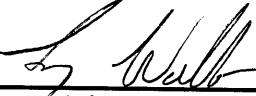
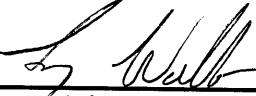
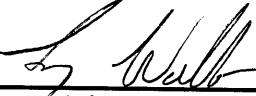


No. <b>W 84569</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 09/20/2012</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> LARRY WALLACE 1100 N RAPID CREEK RD INKOM ID 83245
	1. <b>Mailing Address: Correct in this box if needed.</b> WALLACE DISTRIBUTING, LLC LARRY WALLACE 360 S 4TH AVE #124 POCA TELLO ID 83201 USA	3. <u>New</u> Registered Agent Signature.	

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"/>	Larry Wallace	1100 N. Rapid Creek Rd	INKOM,	Id.	Barrock	83245
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:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 84569</b> </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:  </td> <td style="width: 40%;">           Date: <u>11/15/12</u> </td> </tr> <tr> <td>           Name (type or print): <u>Larry Wallace</u> </td> <td>           Title: <u>Manager</u> </td> </tr> </table>	Signature: 	Date: <u>11/15/12</u>	Name (type or print): <u>Larry Wallace</u>	Title: <u>Manager</u>
Signature: 	Date: <u>11/15/12</u>				
Name (type or print): <u>Larry Wallace</u>	Title: <u>Manager</u>				

Issued 10/23/2012 by SLD

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM