


| No. W 150318 | Reinstatement Annual Report Form ADMIN DISSOLVED 07/28/2016 | | 2. Registered Agent and Office (NOT A P.O. BOX) EVAN T ROTH 161 5TH AVE S STE 100 TWIN FALLS ID 83301 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|-------|----------------------|-------------|-------|---------|-------------|---|------------------|---------------|-------------|----|------|-------|---|---------------|---------------|--------|----|------|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| 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. CANYONSIDE ELECTRIC, LLC. KIM T BULLOCK 4058 N 2250 E FILER ID 83328 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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>Bradley J Reeder</td> <td>710 Mae drive</td> <td>Twin Falls,</td> <td>ID</td> <td>U.S.</td> <td>83301</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Kim T Bullock</td> <td>4058 N 2250 E</td> <td>Filer,</td> <td>ID</td> <td>U.S.</td> <td>83328</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"/> | Bradley J Reeder | 710 Mae drive | Twin Falls, | ID | U.S. | 83301 | Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Kim T Bullock | 4058 N 2250 E | Filer, | ID | U.S. | 83328 | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | 3. <u>New</u> Registered Agent Signature. |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Bradley J Reeder | 710 Mae drive | Twin Falls, | ID | U.S. | 83301 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 150318 | | 6. Signature:  Date: <u>3/13/17</u> Name (type or print): <u>Bradley J Reeder</u> Title: <u>Owner</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the