

FILED EFFECTIVE

No. W 94612 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 10/05/2011 1. Mailing Address: Correct in this box if needed. DE-10-3, LLC 842 E WINDING CREEK EAGLE ID 83616	2. Registered Agent and Office (NOT A P.O. BOX) WADE D THOMAS 842 E WINDING CREEK EAGLE ID 83616 776 E. Riverside Dr. Ste 150 3. New Registered Agent Signature.																																			
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 ☒ Member ☐</td> <td>Wade Thomas</td> <td>776 E. Riverside Dr.</td> <td>Ste 150</td> <td>Eagle</td> <td>ID</td> <td>83616</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☒ Member ☐	Wade Thomas	776 E. Riverside Dr.	Ste 150	Eagle	ID	83616	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 94612	6. Signature:  Date: <u>9/27/12</u> Name (type or print): <u>Wade Thomas</u> Title: <u>SUP</u>																																				

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