No. W 125834	Reinstatement Annual Report Form ADMIN DISSOLVED 08/15/2014	2. Registered Agent and Office (NOT A P.O. BOX) HAL BENNETT 2050 N HAROLDSEN DR IDAHO FALLS ID 83401
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. WDS HAROLDSEN, LLC HAL BENNETT ~~2050 N HAROLDSEN DR~~ 5020 N Haroldsen Dr IDAHO FALLS ID 83401	3. New Registered Agent Signature.

FILED

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 ☐ Member ☒	Woody Smith	1767 N. 4000 W	Rexburg	ID	Madison	83440
Manager ☐ Member ☐						
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6. Signature: Woody Smith	Date: 5/15/18
IDAHO W 125834	Name (type or print): Woody Smith	Title: Member

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