




| No. W 134080 | Reinstatement Annual Report Form ADMIN DISSOLVED 06/05/2017 | | 2. Registered Agent and Office (NOT A P.O. BOX) CORY HAMRICK 11368 W CREEK RAPIDS DRIVE STAR ID 83669-8366 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---|---|-----------------------|---|-------------------------------|-------|---------|-------------|---|----------------|------------------|--------|----|--|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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. DRAKE EXCAVATION AND HABITAT INNOVATIONS LLC -25598 HWY-95- 25998 Highway 95 PARMA ID 83660 | | <div style="text-align: right; font-size: 2em; font-weight: bold;">FILED</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. <i>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 5%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Joshua C Kling</td> <td>25998 Highway 95</td> <td>Parma,</td> <td>ID</td> <td></td> <td>83660</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> <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"/> | Joshua C Kling | 25998 Highway 95 | Parma, | ID | | 83660 | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
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| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Joshua C Kling | 25998 Highway 95 | Parma, | ID | | 83660 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 134080</div> | | 6. <table style="width: 100%;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>04-02-18</u> </td> </tr> <tr> <td> Name (type or print): <u>Joshua C Kling</u> </td> <td> Title: <u>Managing Member</u> </td> </tr> </table> | | Signature:  | Date: <u>04-02-18</u> | Name (type or print): <u>Joshua C Kling</u> | Title: <u>Managing Member</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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