

## FILED EFFECTIVE

No. W 4622		Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2015		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> DAVID L WESCOTT 1257 MORNINGSIDE DR REXBURG ID 83440 116 EAST MAIN ST. TETON CITY, ID 83451																																				
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>		1. Mailing Address: Correct in this box if needed.  BACKTRACKS, LLC DAVID L WESCOTT 1257 MORNINGSIDE DR REXBURG ID 83440 USA  116 EAST MAIN ST. TETON CITY, ID 83451		3. <u>New</u> Registered Agent Signature.																																				
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>DAVID L. WESCOTT</td> <td>116 EAST MAIN</td> <td>TETON</td> <td>10</td> <td>FREMONT</td> <td>83451</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>PAULA WESCOTT</td> <td>116 EAST MAIN</td> <td>TETON</td> <td>10</td> <td>FREMONT</td> <td>83451</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	DAVID L. WESCOTT	116 EAST MAIN	TETON	10	FREMONT	83451	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	PAULA WESCOTT	116 EAST MAIN	TETON	10	FREMONT	83451	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  IDAHO W 4622		6. Signature:   Name (type or print):  <b>DAVID WESCOTT</b>		Date: 1/6/16  Title:  <b>OWNER / MANAGER</b>																																				