


No. W 142444	Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2015		2. Registered Agent and Office (NOT A P.O. BOX) ORVILLE R FHUERE 2828 HWY 2 PRIEST RIVER ID 83856
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. JULBERT ENTERPRISES LLC JULIEANNE FHUERE PO BOX 816 PRIEST RIVER ID 83856		3. <u>New</u> Registered Agent Signature.
REINSTATEMENT FEE DUE: \$30.00			

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 <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Julianne Fhuere	PO Box 816	Priest River	ID	Bonner	83856
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Orville R Fhuere	PO Box 816	Priest River	ID	Bonner	83856
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

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 142444</div>	6. Signature: <u></u> Name (type or print): <u>Julianne Fhuere</u>	Date: <u>4-5-16</u> Title: <u>4-5-16</u>
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Issued 03/30/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM