

No. W 71925	Reinstatement Annual Report Form ADMIN DISSOLVED 06/08/2010		2. Registered Agent and Office (NOT A P.O. BOX) KELLY WALL 1780 LAURELWOOD HAILEY ID 83333																						
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. KT WALL ENTERPRISES, LLC PO BOX 191 BELLEVUE ID 83313		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 <u>Member</u> (circle one)</td> <td>Kelly Wall</td> <td>PO Box 191</td> <td>Bellevue</td> <td>Id</td> <td>Blaine</td> <td>83313</td> </tr> <tr> <td></td> <td>Terry Wall</td> <td>PO Box 191</td> <td>Bellevue</td> <td>Id</td> <td>Blaine</td> <td>83313</td> </tr> </tbody> </table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <u>Member</u> (circle one)	Kelly Wall	PO Box 191	Bellevue	Id	Blaine	83313		Terry Wall	PO Box 191	Bellevue	Id	Blaine	83313
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	Terry Wall	PO Box 191	Bellevue	Id	Blaine	83313																			
5. Organized Under the Laws of: IDAHO W 71925		6. Signature: <u>Kelly Wall</u> Date: <u>5/24/11</u> Name (type or print): <u>Kelly Wall</u> Title: <u>member</u>																							
Issued 05/24/2011 by CLH																									