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| No. W 144317 | Reinstatement Annual Report Form ADMIN DISSOLVED 02/23/2016 | | 2. Registered Agent and Office (NOT A P.O. BOX) BARBARA GARROTT 1541 HWY 99 TROY ID 83871 |
| 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. OE ANNEX, LLC 1541 HWY 99 TROY ID 83871 | | 3. <u>New</u> Registered Agent Signature. |
| 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 type="checkbox"/> BARBARA GARROTT 1541 Highway 99 TROY ID 83871 | | | |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> DOUGLAS GARROTT 1541 Highway 99 TROY ID 83871 | | | |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> NATALIE WINCHESTER 35829 Finschault Rd St. Ignace MT 59865 | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | |
| 5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 144317 </div> | | 6. Signature:  <hr/> Name (type or print): <u>BARBARA GARROTT</u> <hr/> <div style="display: flex; justify-content: space-between;"> <div> Date: <u>8/10/17</u> </div> <div> Title: <u>MG MGR</u> </div> </div> | |
| Issued 08/09/2017 by online | | | |