

FILED EFFECTIVE

No. W 94610 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 10/05/2011 1. Mailing Address: Correct in this box if needed. DE-10-1, LLC 842 E WINDING CREEK EAGLE ID 83616		2. Registered Agent and Office (NOT A P.O. BOX) WADE D THOMAS 842 E WINDING CREEK #776 E. EAGLE ID 83616 Riverside St. 150 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 ☒ Member ☐</td> <td>Wade Thomas</td> <td>776 E. Riverside</td> <td>Rt. Sk 150, Eagle</td> <td>ID</td> <td></td> <td>83616</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☒ Member ☐	Wade Thomas	776 E. Riverside	Rt. Sk 150, Eagle	ID		83616	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 94610	6. Signature:  Date: 9/27/12 Name (type or print): Wade D. Thomas Title: SUP																																				

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