

No. W 156006	Reinstatement Annual Report Form ADMIN DISSOLVED 12/28/2017		2. Registered Agent and Office (NOT A P.O. BOX) GLENN K GRAHAM 1115 E STAGHORN RD HARRISON ID 83833																																			
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. STAGHORN RIDGE LLC GLENN K GRAHAM 1115 E STAGHORN RD HARRISON ID 83833		3. <u>New</u> 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>Glenn K Graham</td> <td>1115 E. Staghorn Rd</td> <td>Harrison</td> <td>ID</td> <td>USA</td> <td>83833</td> </tr> <tr> <td>Manager ☐ Member ☒</td> <td>Carol J Graham</td> <td>1115 E Staghorn Rd</td> <td>Harrison</td> <td>ID</td> <td>USA</td> <td>83833</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 ☒	Glenn K Graham	1115 E. Staghorn Rd	Harrison	ID	USA	83833	Manager ☐ Member ☒	Carol J Graham	1115 E Staghorn Rd	Harrison	ID	USA	83833	Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 156006		6. Signature: <u>DK Graham</u> Date: <u>6-Jan-2018</u> Name (type or print): <u>Glenn K. Graham</u> Title: <u>Owner</u>																																				
Issued 01/05/2018 by online																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM