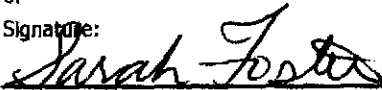
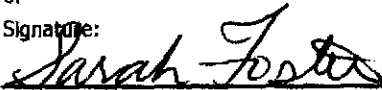
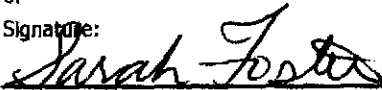


**FILED EFFECTIVE**

<b>No. W 41691</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 12/01/2014</b>  <b>1. Mailing Address: Correct in this box if needed.</b> FOSTER WELL DRILLING AND CONSTRUCTION, L.L.C. <del>DEBORAH F FOSTER</del> 29 ADAMS RANCH RD <i>PO Box 46</i> LEADORE ID 83464	<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> DEBORAH F FOSTER 29 ADAMS RANCH RD LEADORE ID 83464  <b>3. <u>New</u> Registered Agent Signature.</b>																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Sarah Foster</td> <td>29 Adams Ranch Rd</td> <td>Leadore,</td> <td>ID</td> <td>Lemhi</td> <td>83464</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Jerry Foster</td> <td>29 Adams Ranch Rd</td> <td>Leadore,</td> <td>ID</td> <td>Lemhi</td> <td>83464</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></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 <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Sarah Foster	29 Adams Ranch Rd	Leadore,	ID	Lemhi	83464	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jerry Foster	29 Adams Ranch Rd	Leadore,	ID	Lemhi	83464	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																															
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Sarah Foster	29 Adams Ranch Rd	Leadore,	ID	Lemhi	83464																															
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jerry Foster	29 Adams Ranch Rd	Leadore,	ID	Lemhi	83464																															
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																					
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																					
<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-size: 1.2em;">             IDAHO W 41691           </div>	<b>6.</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> <b>Signature:</b>    <b>Name (type or print):</b>            Sarah Foster         </td> <td style="width: 40%;"> <b>Date:</b>  <i>Dec 5, 14</i>  <b>Title:</b>  <i>Part Owner</i> </td> </tr> </table>		<b>Signature:</b>  <b>Name (type or print):</b> Sarah Foster	<b>Date:</b> <i>Dec 5, 14</i> <b>Title:</b> <i>Part Owner</i>																																	
<b>Signature:</b>  <b>Name (type or print):</b> Sarah Foster	<b>Date:</b> <i>Dec 5, 14</i> <b>Title:</b> <i>Part Owner</i>																																				

Issued 12/05/2014 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**

**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**