

| No. W 18348                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Reinstatement Annual Report Form</b><br><b>ADMIN DISSOLVED 06/07/2012</b>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                    | 2. Registered Agent and Office<br><b>(NOT A P.O. BOX)</b><br>BRAD R EGBERT                             |                   |         |                      |      |       |         |             |                                                                                        |                |                 |        |    |     |       |                                                                             |               |                |         |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
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| Return to:<br>SECRETARY OF<br>STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-<br>0080<br><b>REINSTATEMENT</b><br><b>FEE DUE: \$30.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1. <b>Mailing Address: Correct in this box if needed.</b><br>BR EGBERT, L.L.C.<br>BRAD R EGBERT<br><del>1134 BOND AVE</del><br><del>REXBURG ID 83440</del><br><div style="margin-left: 150px;">           182 Sierra Way<br/>           Layton, UT<br/>           84041         </div> |                                                                                                                                                                                                                                                                    | <div style="font-size: 1.2em;">           1134 Bond Ave<br/>           Rexburg ID 83440         </div> |                   |         |                      |      |       |         |             |                                                                                        |                |                 |        |    |     |       |                                                                             |               |                |         |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3. <u>New</u> Registered Agent Signature.                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                    |                                                                                                        |                   |         |                      |      |       |         |             |                                                                                        |                |                 |        |    |     |       |                                                                             |               |                |         |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                    |                                                                                                        |                   |         |                      |      |       |         |             |                                                                                        |                |                 |        |    |     |       |                                                                             |               |                |         |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 20%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Brad R. Egbert</td> <td>182 Sierra Way,</td> <td>Layton</td> <td>UT</td> <td>USA</td> <td>84041</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Tamara Egbert</td> <td>182 Sierra Way</td> <td>Layton,</td> <td>UT</td> <td>USA</td> <td>84041</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 checked="" type="checkbox"/> Member <input checked="" type="checkbox"/> | Brad R. Egbert | 182 Sierra Way, | Layton | UT | USA | 84041 | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Tamara Egbert | 182 Sierra Way | Layton, | UT | USA | 84041 | 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 checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Brad R. Egbert                                                                                                                                                                                                                                                                         | 182 Sierra Way,                                                                                                                                                                                                                                                    | Layton                                                                                                 | UT                | USA     | 84041                |      |       |         |             |                                                                                        |                |                 |        |    |     |       |                                                                             |               |                |         |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Tamara Egbert                                                                                                                                                                                                                                                                          | 182 Sierra Way                                                                                                                                                                                                                                                     | Layton,                                                                                                | UT                | USA     | 84041                |      |       |         |             |                                                                                        |                |                 |        |    |     |       |                                                                             |               |                |         |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                    |                                                                                                        |                   |         |                      |      |       |         |             |                                                                                        |                |                 |        |    |     |       |                                                                             |               |                |         |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                    |                                                                                                        |                   |         |                      |      |       |         |             |                                                                                        |                |                 |        |    |     |       |                                                                             |               |                |         |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| 5. Organized Under the Laws of:<br><br><div style="text-align: center; font-size: 1.2em;">           IDAHO<br/>           W 18348         </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                        | 6. Signature: <br><hr/> Name (type or print): <u>Brad R. Egbert</u><br><div style="float: right;">           Date: <u>4/28/2015</u><br/>           Title: <u>Manager</u> </div> |                                                                                                        |                   |         |                      |      |       |         |             |                                                                                        |                |                 |        |    |     |       |                                                                             |               |                |         |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Issued 04/28/2015 by online                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                    |                                                                                                        |                   |         |                      |      |       |         |             |                                                                                        |                |                 |        |    |     |       |                                                                             |               |                |         |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |