

No. W 71759	Reinstatement Annual Report Form ADMIN DISSOLVED 05/14/2014		2. Registered Agent and Office (NOT A P.O. BOX) WILLIAM CLAYSON 735 W. 25 S. BLACKFOOT ID 83221
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. WOLVERINE RUBBER MULCH LLC WILLIAM W CLAYSON 735 W. 25 S. BLACKFOOT ID 83221		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"/>	Jonathan Clayson	735 W. 25 S.	Blackfoot ID 83221
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	William Clayson	735 W. 25 S.	Blackfoot, ID 83221
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 71759 </div>		6. Signature: <u>Jonathan Clayson</u> Name (type or print): <u>Jonathan Clayson</u> Date: <u>5-24</u> Title: <u>owner</u>	
Issued 05/20/2014 by online			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM