

No. W 69895	Reinstatement Annual Report Form ADMIN DISSOLVED 03/04/2010		2. Registered Agent and Office (NOT A P.O. BOX)																																			
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. MIDDLE MOUNTAIN MANUFACTURING, LLC 593 WEST 2100 SOUTH OAKLEY ID 83346 450 S 500 W BURLEY, ID 83318	KEVIN GREEN 593 WEST 2100 SOUTH OAKLEY ID 83346 450 S 500 W BURLEY, ID 83318																																		
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>KEVIN M. GREEN</td> <td>450 S 500 W</td> <td>BURLEY</td> <td>ID</td> <td>CASSIA</td> <td>83318</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 ☐	KEVIN M. GREEN	450 S 500 W	BURLEY	ID	CASSIA	83318	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager ☒ Member ☐	KEVIN M. GREEN	450 S 500 W	BURLEY	ID	CASSIA	83318																																
Manager ☐ Member ☐																																						
Manager ☐ Member ☐																																						
Manager ☐ Member ☐																																						
5. Organized Under the Laws of: IDAHO W 69895	6. <table> <tr> <td>Signature:</td> <td>Date:</td> </tr> <tr> <td></td> <td>02/09/17</td> </tr> <tr> <td>Name (type or print):</td> <td>Title:</td> </tr> <tr> <td>KEVIN M. GREEN</td> <td>MANAGER</td> </tr> </table>			Signature:	Date:		02/09/17	Name (type or print):	Title:	KEVIN M. GREEN	MANAGER																											
Signature:	Date:																																					
	02/09/17																																					
Name (type or print):	Title:																																					
KEVIN M. GREEN	MANAGER																																					