DUE: \$30.00 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 Manager TAMAYAA REV 718 WWW.CARA Faillicks Id Camas P3327				
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BUTTERCUP MOUNTAIN COMPANY, LLC TAMARA PECK 218 WILLOW CREEK RD FAIRFIELD ID 83327 REINSTATEMENT FEE DUE: \$30.00 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 Member TAMAYA G. PECK Z18 WILLOW C Rd Fairfield Id Camas P33 Z F Manager Member Moelfa M. Seamon Z18 WILLOW C Rd Fairfield Id Camas 83327 Manager Member Manager Me		,	(NOT A P.O. BOX) TAMARA PECK 218 WILLOW CREEK RD	
REINSTATEMENT FEE DUE: \$30.00 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 Member TAMAYA G. PECK ZIB WILLOW OF RATIFIELD ID Camas P3327 Manager Member Moetha M. Seamon ZIB WILLOW OF Fair Field Id Camas 83337 Manager Member Manager Member Manager Member Sorganized Under the Laws of: IDAHO W 122256 Name (type or print): Tamaka G. Peck Members.	SECRETARY OF STATE 450 N 4th STREET PO BOX 83720	BUTTERCUP MOUNTAIN COMPANY, LLC TAMARA PECK 218 WILLOW CREEK RD		
Manager or Member Name Street or PO Address City State Country Postal Code Manager Member TAMAYAG. PECK 218 Willow Cr Rd Fair ich Id Camas P3327 Manager Member Moetham. Slamon 218 Willow Cr Rd Fair ich Id Camas 83327 Manager Member Member Manager Member Member 5. Organized Under the Laws of: Signature: Date: 4-10-2017 Name (type or print): Title: Tamaka G. Peck Mcwager Manager Member Date: Manager Name (type or print): Title: Tamaka G. Peck Mcwager Manager Member Date: Manager Manager Member Date: Mcwager Manager Member Date: Manager Manager Member Date: Manager Member Manager Member Date: Member Member Member Manager Member Date: Member Member Member Manager Member Date: M	reinstatement fee due: \$30.00		3. <u>New</u> Registered Agent Signature.	
IDAHO W 122256 Signature: Date: 4-1e-7017 Name (type or print): TAMALA G. Peck Mounager	Manager or Member Name Street or PO Address City State Country Postal Code Manager Member TAMAYAG. PECK Z18 Willow Cr Rd Fairfield Id Camas P3327 Manager Member MoeHam. Seamon Z18 Willow Cr Rd Fairfield Id Camas 83337 Manager Member			
ssued 04/05/2017 by online	IDAHO W 122256	Signature: Tamara Ct Peck Name (type or print): Tamara Cq. Peck	4-10-2017	