

No. W 39415	Reinstatement Annual Report Form ADMIN DISSOLVED 08/06/2007		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. WILD MAN CONSTRUCTION LLC LIBERTY TAX SERVICE 1206 E 17TH IDAHO FALLS ID 83401 2680 E LINCOLN IDAHO FALLS IDA. 83401		KYLE WINTERBOTTOM 785 EVE IDAHO FALLS ID 83401 WAYNE LEAVITT 2680 E LINCOLN IDAHO FALLS ID 83401 3. New Registered Agent Signature: Wayne Leavitt																																			
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 <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Wayne Leavitt</td> <td>2680 E LINCOLN</td> <td>IDAHO FALLS</td> <td>IDAHO</td> <td>BONNIVILLE</td> <td>83401</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Kyle Winterbottom</td> <td>785 EVE</td> <td>IDAHO FALLS</td> <td>IDAHO</td> <td>BONNIVILLE</td> <td>83401</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 type="checkbox"/>	Wayne Leavitt	2680 E LINCOLN	IDAHO FALLS	IDAHO	BONNIVILLE	83401	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Kyle Winterbottom	785 EVE	IDAHO FALLS	IDAHO	BONNIVILLE	83401	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 39415	6. Signature: Wayne Leavitt Date: 9-30-12 Name (type or print): WAYNE LEAVITT Title: 50% PARTNER																																					

Issued 07/06/2012 by CLH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM