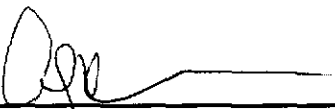


No. W 116922	Reinstatement Annual Report Form ADMIN DISSOLVED 11/03/2016		2. Registered Agent and Office (NOT A P.O. BOX) ANDREW HOLLISTER 1513 N 25TH ST BOISE ID 83702
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. THUMPER GOLF LLC. ANDY HOLLISTER 1513 N 25TH ST BOISE ID 83702		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"/>	ANDY HOLLISTER	1513 N. 25TH ST	Boise	ID	ADA	83702
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	LESLIE HOLLISTER					
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 116922 </div>	6. Signature:  <hr/> Name (type or print): <u>ANDY HOLLISTER</u>	Date: <u>12-14-16</u> <hr/> Title: <u>MANAGER</u>
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Issued 12/14/2016 by JLI

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM