

No. W 70394	Reinstatement Annual Report Form ADMIN DISSOLVED 04/06/2010		2. Registered Agent and Office (NOT A P.O. BOX) JOSHUA VOLCKO 630 FOREST RIDGE RD VICTOR ID 83455																					
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. TETON FENCE, LLC JOSHUA VOLCKO 923 OLIVER RD <i>PO Box 949</i> VICTOR ID 83455		3. <u>New</u> Registered Agent Signature.																					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 35%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> (circle one)</td> <td colspan="6"></td> </tr> <tr> <td></td> <td><i>Joshua Volcko</i></td> <td><i>PO Box 949</i></td> <td><i>Victor</i></td> <td><i>ID</i></td> <td><i>Teton</i></td> <td><i>83455</i></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"/> (circle one)								<i>Joshua Volcko</i>	<i>PO Box 949</i>	<i>Victor</i>	<i>ID</i>	<i>Teton</i>	<i>83455</i>
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5. Organized Under the Laws of: <div style="text-align: center; font-size: large;"> IDAHO W 70394 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Signature: <i>[Signature]</i> <hr/> Name (type or print): <i>Josh Volcko</i> </div> <div style="text-align: right;"> Date: <i>1-9-12</i> <hr/> Title: <i>Owner</i> </div> </div>																						
Issued 01/09/2012 by LIC																								

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM