

No. W 61901	Reinstatement Annual Report Form ADMIN DISSOLVED 07/23/2018		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL S TELFORD 1450 W. HWY 24 PAUL ID 83347																																			
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. TELFORD AG L.L.C. MICHAEL S TELFORD 1450 W. HWY 24 PAUL ID 83347																																					
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>Michael S Telford</td> <td>1450 W Hwy 24</td> <td>Paul</td> <td>ID</td> <td>USA</td> <td>83347</td> </tr> <tr> <td>Manager ☐ Member ☒</td> <td>Shannon Telford</td> <td>1450 W Hwy 24</td> <td>Paul</td> <td>ID</td> <td>USA</td> <td>83347</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 ☐	Michael S Telford	1450 W Hwy 24	Paul	ID	USA	83347	Manager ☐ Member ☒	Shannon Telford	1450 W Hwy 24	Paul	ID	USA	83347	Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 61901		6. Signature: <u>Shannon Telford</u> Date: <u>Aug 22, 18</u> Name (type or print): <u>Shannon Telford</u> Title: <u>Member</u>																																				
Issued 08/22/2018 by TAH																																						