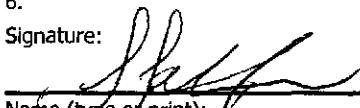


<b>No. W 168652</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 09/27/2017</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> STETSON CRANE <del>310 W 17TH ST</del> <del>IDAHO FALLS ID 83402</del>
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> S.S CRANE, LLC STETSON CRANE <del>310 W 17TH ST</del> <del>IDAHO FALLS ID 83402</del> <div style="text-align: center; margin-top: 10px;">             571 E RANCH DR              Eagle ID 83616             <div style="position: relative; height: 20px; margin-left: 100px;"> <span style="position: absolute; top: -10px; left: 0;">↗</span> </div> </div>		3. <u>New</u> Registered Agent Signature.
4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>			
Manager or Member      Name      Street or PO Address      City      State      Country      Postal Code			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> STETSON CRANE      571 E RANCH DR      Eagle      ID      IDA      83616			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
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: large;">             IDAHO              W 168652           </div>		6. Signature:  <hr/> Name (type or print): <u>STETSON CRANE</u> <div style="float: right; text-align: right;">         Date: <u>11/6/17</u>  <hr/>         Title: <u>owner/mgr</u> </div>	
Issued 11/06/2017 by JL1			

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM