

No. W 6841	Reinstatement Annual Report Form ADMIN DISSOLVED 12/08/2009		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	1. Mailing Address: Correct in this box if needed. AMBURCO LLC CAROL A AMBURGY 13881 MATHWIG RD MCCALL ID 83638 <i>P.O.B 303 Donnelly Id 83615</i>		CAROL A AMBURGY 13881 MATHWIG RD <i>140ELD</i> MCCALL ID 83638 <i>Donnelly Id</i> <i>83615</i>																																				
REINSTATEMENT FEE DUE: \$30.00			3. New 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 <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Carol Amburgy</td> <td>POB 303</td> <td>Donnelly</td> <td>Id</td> <td>USA</td> <td>83615</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Dennis D Amburgy</td> <td>POB 303</td> <td>Donnelly</td> <td>Id</td> <td>USA</td> <td>83615</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Carol Amburgy	POB 303	Donnelly	Id	USA	83615	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Dennis D Amburgy	POB 303	Donnelly	Id	USA	83615	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 6841		6. Signature: <u>Carol A. Amburgy</u> Date: <u>4/5/13</u> Name (type or print): <u>Carol A. Amburgy</u> Title: <u>member</u>																																					