

No. W 64198	Reinstatement Annual Report Form ADMIN DISSOLVED 09/20/2012		2. Registered Agent and Office (NOT A P.O. BOX) WILLIAM J MANN 200 FOXGLOVE LN KETCHUM ID 83340																																			
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. SAGEBRUSH SOLAR LLC WILLIAM J MANN PO BOX 2639 KETCHUM ID 83340 USA		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 colspan="6">William J Mann PO Box 2639 Ketchum, ID 83340</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td colspan="6"></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td colspan="6"></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td colspan="6"></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager ☒ Member ☐	William J Mann PO Box 2639 Ketchum, ID 83340						Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 64198		6. Signature:  Date: <u>6/7/13</u> Name (type or print): <u>William J. Mann</u> Title: <u>Managing Member</u>																																				

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