
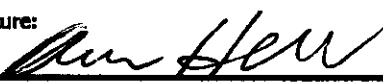


FILED EFFECTIVE

No. W 111698	Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2013		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 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. HULL WEED CONTROL LLC AARON W HULL 715 S HILLCREST LOOP MALAD ID 83252 4027 E CUB RIVER ROAD PRESTON ID 83263		AARON W HULL 715 S HILLCREST LOOP MALAD ID 83252 4027 E CUB RIVER ROAD PRESTON, ID 83263 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 colspan="6">AARON W. HULL 4027 E CUB RIVER ROAD 83263</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6">PRESTON, ID</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></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"/>	AARON W. HULL 4027 E CUB RIVER ROAD 83263						Manager <input type="checkbox"/> Member <input type="checkbox"/>	PRESTON, ID						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 111698		6. Signature:  Date: 1/22/14 Name (type or print): AARON W. HULL Title: MEMBER																																				