No. W 81389	Reinstatement Annual Report Form ADMIN DISSOLVED 05/09/2012	2. Registered Agent and Office **(NOT A P.O. BOX)** JUDITH L HOBBS 117 W MAIN ST REXBURG ID 83440
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.** TETON CAPITAL, LLC SUSAN F OLSEN 117 W MAIN ST REXBURG ID 83440	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager ☐ Member ☒	SUSAN OLSEN	38337 BRONSON	Fremont	CA		94536
Manager ☐ Member ☒	ALAN OLSEN	38337 BRONSON	Fremont	CA		94536
Manager ☐ Member ☒	Alan & Susan Olsen Family Trust	38337 Bronson	Fremont	CA		94536
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6. Signature:	Date:
IDAHO W 81389	Name (type or print): SUSAN OLSEN	May 23 2012 Title: Member

Issued 05/21/2012 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.