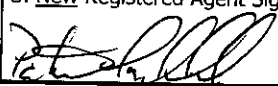



No. W 97037 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 01/13/2012 1. Mailing Address: Correct in this box if needed. LINDAHL CONSTRUCTION LLC PATRICK LINDAHL 451 DEER TRAIL PO Box 6618 HAILEY ID 83333 KETCHUM ID <div style="text-align: right;">83340</div>	<div style="text-align: right; font-weight: bold; font-size: 1.2em;">FILED EFFECTIVE</div> 2. Registered Agent and Office (NOT A P.O. BOX) PATRICK LINDAHL 451 DEER TRAIL 571 E 4th ST HAILEY ID 83333 KETCHUM ID <div style="text-align: right;">83340</div> 3. New Registered Agent Signature. 																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>PATRICK LINDAHL</td> <td>PO 3354</td> <td>KETCHUM ID</td> <td>US</td> <td></td> <td>83340</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> <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"/>	PATRICK LINDAHL	PO 3354	KETCHUM ID	US		83340	Manager <input type="checkbox"/> Member <input type="checkbox"/>							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: <div style="text-align: center; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 97037</div>	6. Signature:  Date: <u>1/24/13</u> Name (type or print): <u>PATRICK LINDAHL</u> Title: _____																																				

Issued 01/18/2013 by DK1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM