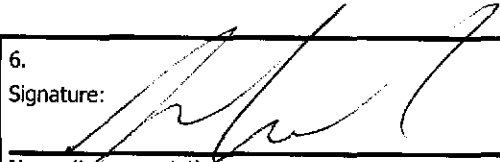


No. W 147500	Reinstatement Annual Report Form ADMIN DISSOLVED 06/05/2017		2. Registered Agent and Office (NOT A P.O. BOX) AARON GREENWOOD 325 CLEAR LAKES RD BUHL ID 83316
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. PRO 1 CONSTRUCTION L.L.C. 325 CLEAR LAKES RD 1280 BUHL ID 83316 <div style="font-size: 1.5em; font-family: cursive;">4480N 1280E</div> <div style="font-size: 1.5em; font-family: cursive;">Buhl, ID 83316</div>		3. <u>New</u> Registered Agent Signature.
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 <input checked="" type="checkbox"/> Member <input type="checkbox"/> Aaron Greenwood 4480N 1280E Buhl ID TF 83316			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 147500 </div>		6. Signature:  <hr/> Name (type or print): <u>Aaron Greenwood</u> <div style="float: right; text-align: right;"> Date: <u>11/14/17</u> Title: <u>owner</u> </div>	
Issued 11/08/2017 by SAT			

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.