

| No. W 62771 | | Reinstatement Annual Report Form ADMIN DISSOLVED 08/12/2013 | | 2. Registered Agent and Office (NOT A P.O. BOX) MIKE FIFER 31254 PITMAN LANE PARMA ID 83660 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------|---|--------|--|---------|-------------------|------|----------------------|------|-------|---------|-------------|---|------------|-----------|--------|----|-----|-------|---|------------|------------|--------|----|-----|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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. MIKE FIFER EXCAVATION LLC. MIKE FIFER 31254 PITMAN LANE P.O. Box 158 PARMA ID 83660 USA HUSTON, ID 83630 | | 15702 Riverside Rd Caldwell, ID 83607 Spc.24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REINSTATEMENT FEE DUE: \$30.00 | | | | 3. New Registered Agent Signature. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <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>MIKE FIFER</td> <td>POBox 158</td> <td>HUSTON</td> <td>ID</td> <td>USA</td> <td>83630</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>MARY FIFER</td> <td>PO Box 158</td> <td>HUSTON</td> <td>ID</td> <td>USA</td> <td>83630</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"/> | MIKE FIFER | POBox 158 | HUSTON | ID | USA | 83630 | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | MARY FIFER | PO Box 158 | HUSTON | ID | USA | 83630 | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | MIKE FIFER | POBox 158 | HUSTON | ID | USA | 83630 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | MARY FIFER | PO Box 158 | HUSTON | ID | USA | 83630 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 62771 | | 6. Signature:  Name (type or print): Mike Fifer | | Date: 2-1-2016 Title: Member | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |