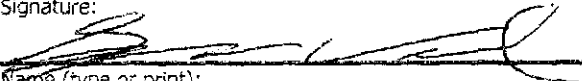
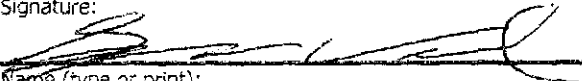
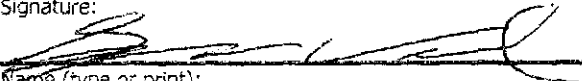


No. <b>W 122436</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 05/25/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> SPENCER WARD 2601 S 5TH AVE POCA TELLO ID 83204																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0030	1. Mailing Address: Correct in this box if needed. SPENCER WARD ENTERPRISES LLC SPENCER WARD 2000 BENGAL VIEW DR POCA TELLO ID 83201		3. <u>New</u> Registered Agent Signature.																																			
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>																																						
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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Spencer Ward</td> <td>PO 4742</td> <td>Pocatello</td> <td>ID</td> <td>USA</td> <td>83205</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Spencer Ward	PO 4742	Pocatello	ID	USA	83205	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:  <b>IDAHO</b> <b>W 122436</b>		6. <table> <tr> <td>Signature:</td> <td>Date:</td> </tr> <tr> <td></td> <td>06/08/2016</td> </tr> <tr> <td>Name (type or print):</td> <td>Title:</td> </tr> <tr> <td>Spencer Ward</td> <td>President/Manager</td> </tr> </table>		Signature:	Date:		06/08/2016	Name (type or print):	Title:	Spencer Ward	President/Manager																											
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Issued 06/08/2016 by online

## 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 shown in Block 1, letters sent and mailed to the incorrect address will not be received.