

No. W 62825	Reinstatement Annual Report Form ADMIN DISSOLVED 08/06/2009		2. Registered Agent and Office (NOT A P.O. BOX) LARRY M THOMAS 311 COURTHOUSE DR SALMON ID 83467																																			
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. SAGEBRUSH LLC 311 COURTHOUSE DR SALMON ID 83467																																		
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 ☒ Member ☐</td> <td>LARRY M. THOMAS</td> <td>311 COURTHOUSE DR.</td> <td>SALMON, ID</td> <td>USA</td> <td></td> <td>83467</td> </tr> <tr> <td>Manager ☐ Member ☒</td> <td>DEBORAH J. THOMAS</td> <td>311 COURTHOUSE DR.</td> <td>SALMON, ID</td> <td>USA</td> <td></td> <td>83467</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☒ Member ☐	LARRY M. THOMAS	311 COURTHOUSE DR.	SALMON, ID	USA		83467	Manager ☐ Member ☒	DEBORAH J. THOMAS	311 COURTHOUSE DR.	SALMON, ID	USA		83467	Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 62825		6. Signature: <u>Larry M Thomas</u> Name (type or print): <u>LARRY M. THOMAS</u> Date: <u>9.27.2017</u> Title: <u>MANAGER</u>																																				