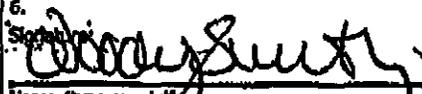


W 125828

Page 1 of 4

FILED EFFECTIVE

No. W 125828		Reinstatement Annual Report Form ADMIN DISSOLVED 08/15/2014		2. Registered Agent and Office (NOT A P.O. BOX) HAL BENNETT 2050 N HAROLDSEN DR IDAHO FALLS ID 83401																																				
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. WDS FARM EQUIPMENT, LLC HAL BENNETT 2050 N HAROLDSEN DR 5020 N. Haroldsen Dr IDAHO FALLS ID 83401		3. New Registered Agent Signature.																																				
REINSTATEMENT FEE DUE: \$30.00		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>Woodruff D. Smith</td> <td>1707 N H600 W</td> <td>Rexburg</td> <td>ID</td> <td>Madison</td> <td>83440</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"/>	Woodruff D. Smith	1707 N H600 W	Rexburg	ID	Madison	83440	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: IDAHO W 125828		6. Signature:  Name (type or print): Woody Smith		Date: 7/22/15 Title: Manager																																				
Issued 07/22/2015 by online																																								