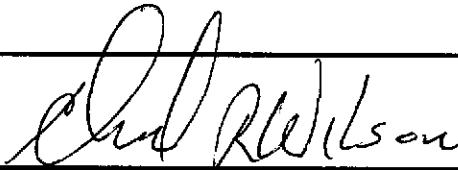


| | | | |
|---|---|---|--|
| No. W 22164 | Reinstatement Annual Report Form ADMIN DISSOLVED 05/02/2017 | | 2. Registered Agent and Office (NOT A P.O. BOX) CHARLES RAY WILSON 5832 STAGE COACH LN HOMEDALE ID 83628 |
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00 | 1. Mailing Address: Correct in this box if needed. CHARLIE WILSON ENTERPRIZES, LLC CHARLES RAY WILSON 5832 STAGECOACH LN HOMEDALE ID 83628 | | 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 checked="" type="checkbox"/> CHARLES RAY Wilson Homedale IDAHO (83628) | | | |
| 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-weight: bold; font-size: 1.2em;"> IDAHO W 22164 </div> | | 6. Signature:  Date: 9-5-17 <hr/> Name (type or print): CHARLES R Wilson Title: M M M | |
| Issued 06/28/2017 by SLD | | | |