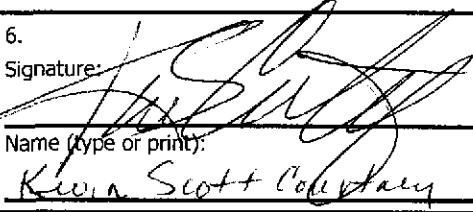
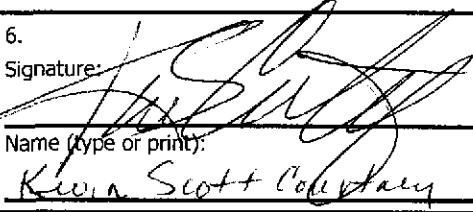
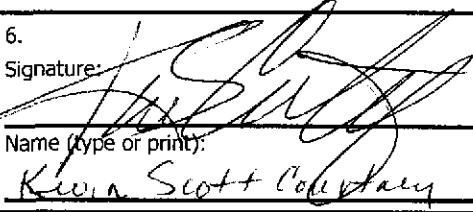


No. W 114978		Reinstatement Annual Report Form ADMIN DISSOLVED 10/04/2016		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SAWTOOTH SOLUTIONS LLC KEVIN SCOTT COURTNEY <del>26 E RIVER DR</del> 7600 Hwy 21 LOWMAN ID 83637		CHRIS YORGASON Kevin Scott Courtney 6200 N MEEKER PL 7600 Hwy 21 BOISE ID 83713 Lowman ID 83637																																				
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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="5">Kevin Scott Courtney 7600 Hwy 21, Lowman ID 83637</td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="5"></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="5"></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="5"></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"/>	Kevin Scott Courtney 7600 Hwy 21, Lowman ID 83637						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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