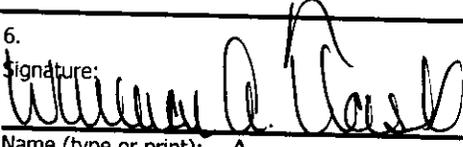


No. W 25041	Reinstatement Annual Report Form ADMIN DISSOLVED 10/07/2008	2. Registered Agent and Office (NOT A P.O. BOX) WILLIAM ANDREW TORSKE 194 COLONIAL WAY IDAHO FALLS ID 83404																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00		1. Mailing Address: Correct in this box if needed. EXTREME INVESTORS, LLC 194 COLONIAL WAY IDAHO FALLS ID 83404	3. <u>New</u> Registered Agent Signature.																																		
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>William A Torske</td> <td>194 Colonial Way</td> <td>Idaho Falls</td> <td>IDA</td> <td>USA</td> <td>83404</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"/>	William A Torske	194 Colonial Way	Idaho Falls	IDA	USA	83404	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 25041	6. Signature:  Date: 3/21/2013 Name (type or print): William A. Torske Title: President																																				
Issued 03/18/2013 by LJC																																					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM