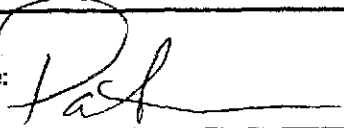


No. W 123733	Reinstatement Annual Report Form ADMIN DISSOLVED 07/23/2018		2. Registered Agent and Office (NOT A P.O. BOX) PATRICIA ANDERSON 106 N. SAGEHEN ST. NAMPA ID 83651																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00		1. Mailing Address: Correct in this box if needed. ANDERSON SUPPLY CO., LLC PATRICIA ANDERSON 106 N. SAGEHEN ST. NAMPA ID 83651		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>PATRICIA ANDERSON</td><td>106 N. Sagehen St.</td><td>Nampa</td><td>ID</td><td></td><td>83651</td></tr><tr><td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td><td>JASON ANDERSON</td><td>106 N. Sagehen St.</td><td>Nampa</td><td>ID</td><td></td><td>83651</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"/>	PATRICIA ANDERSON	106 N. Sagehen St.	Nampa	ID		83651	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	JASON ANDERSON	106 N. Sagehen St.	Nampa	ID		83651	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 123733		6. Signature:  Name (type or print): PATRICIA ANDERSON		Date: 8-15-18 Title: OWNER																																			