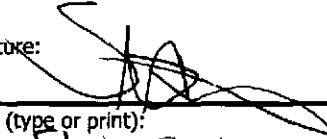


| No. <b>W 115891</b>  | <b>Reinstatement Annual Report Form<br/>ADMIN DISSOLVED 10/11/2013</b>   |                      | <b>2. Registered Agent and Office<br/>(NOT A P.O. BOX)</b><br>STEPHEN BARBEY<br>661 RIVERSHORE LANE SUITE 120<br>EAGLE ID 83616 |                   |         |                      |      |       |         |             |   |                |                  |       |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|----------------------|---|-------------------|---------|----------------------|------|-------|---------|-------------|---|----------------|------------------|-------|----|-----|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE<br/>DUE: \$30.00</b>  | <b>1. Mailing Address: Correct in this box if needed.</b><br>HESSENGER CONSTRUCTION, LLC<br>STEPHEN BARBEY<br><del>661 RIVERSHORE LANE SUITE 120</del><br><del>EAGLE ID 83616</del><br>560 E. State St.<br>Eagle, ID 83616 |                      | <b>3. New Registered Agent Signature.</b>   |                   |         |                      |      |       |         |             |   |                |                  |       |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>   |  |                      |   |                   |         |                      |      |       |         |             |   |                |                  |       |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Stephen Barbey</td> <td>560 E. State St.</td> <td>Eagle</td> <td>ID</td> <td>USA</td> <td>83616</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 type="checkbox"/> Member <input checked="" type="checkbox"/> | Stephen Barbey | 560 E. State St. | Eagle | ID | USA | 83616 | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  |
| Manager or Member  | Name   | Street or PO Address | City  | State             | Country | Postal Code          |      |       |         |             |   |                |                  |       |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>  | Stephen Barbey   | 560 E. State St.     | Eagle   | ID                | USA     | 83616                |      |       |         |             |   |                |                  |       |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |  |                      |   |                   |         |                      |      |       |         |             |   |                |                  |       |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |  |                      |   |                   |         |                      |      |       |         |             |   |                |                  |       |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |  |                      |   |                   |         |                      |      |       |         |             |   |                |                  |       |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>5. Organized Under the Laws of:</b><br><br><b>IDAHO<br/>W 115891</b>  | <b>6.</b><br>Signature: <br><hr/> Name (type or print):<br>Stephen Barbey   |                      | Date:<br>4/20/18<br><hr/> Title:<br>Member  |                   |         |                      |      |       |         |             |   |                |                  |       |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Issued 04/20/2018 by online  |  |                      |   |                   |         |                      |      |       |         |             |   |                |                  |       |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |