

No. W 104130	Reinstatement Annual Report Form ADMIN DISSOLVED 09/20/2012		2. Registered Agent and Office (NOT A P.O. BOX) SHERRY LYNN TUCKER 31574 N 10TH AVE SPIRIT LAKE ID 83869																																			
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. TUCKER ENTERPRISE, LLC PO BOX 898 SPIRIT LAKE ID 83869																																					
REINSTATEMENT FEE DUE: \$30.00		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 ☐ Member ☒</td> <td>Sherry Lynn Tucker</td> <td>PO Box 898</td> <td>Spirit Lake</td> <td>ID</td> <td></td> <td>83869</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☐ Member ☒	Sherry Lynn Tucker	PO Box 898	Spirit Lake	ID		83869	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 104130		6. Signature: <u>Sherry Lynn Tucker</u> Date: <u>10/5/12</u> Name (type or print): <u>Sherry Lynn Tucker</u> Title: <u>Member</u>																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM