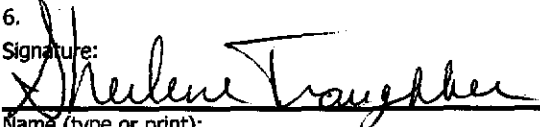


No. <b>W 25327</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 10/04/2012</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> CHARLES TRAUGHBER 2540N 3300W ARCO ID 83213
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed. FROST L.L.C. SHERLENE H TRAUGHBER 2540 N 3300 W ARCO ID 83213 USA		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member      Name      Street or PO Address      City      State      Country      Postal Code			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>		Sherlene Traughber      2540n 3300w      Arco Id      Butte      83213	
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>		Phillip Traughber      2540n 3300w      Arco Id      Butte      83213	
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold; font-size: large;">             IDAHO W 25327           </div>		6. Signature: <u></u> Date: <u>Oct 19, 2012</u> Name (type or print): <u>Sherlene Traughber</u> Title: <u>member</u>	

Issued 10/15/2012 by KAH

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM