

No. W 168695	Reinstatement Annual Report Form ADMIN DISSOLVED 10/27/2017		2. Registered Agent and Office (NOT A P.O. BOX) WALLACE B GOODWIN III 10 RANCHO CIELO RD HAILEY ID 83333																																			
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. GOODWIN MANAGEMENT, LLC WALLACE B GOODWIN III PO BOX 59 HAILEY ID 83333		3. <u>New</u> Registered Agent Signature.																																			
REINSTATEMENT FEE DUE: \$30.00																																						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Wallace B Goodwin III</td> <td>10 Rancho Cielo Rd PO Box 59</td> <td>Hailey ID</td> <td>ID</td> <td></td> <td>83333</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Ann Field Goodwin</td> <td>Box 355 C/O Rafter Y South</td> <td>Aiken</td> <td>SC</td> <td></td> <td>29803</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 checked="" type="checkbox"/>	Wallace B Goodwin III	10 Rancho Cielo Rd PO Box 59	Hailey ID	ID		83333	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Ann Field Goodwin	Box 355 C/O Rafter Y South	Aiken	SC		29803	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: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 168695 </div>		6. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;"> Signature: <u>WBG III</u> </td> <td style="width: 40%;"> Date: <u>11/13/17</u> </td> </tr> <tr> <td> Name (type or print): <u>WALLACE B. GOODWIN III</u> </td> <td> Title: <u>Manager</u> </td> </tr> </table>		Signature: <u>WBG III</u>	Date: <u>11/13/17</u>	Name (type or print): <u>WALLACE B. GOODWIN III</u>	Title: <u>Manager</u>																															
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Issued 11/13/2017 by online																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.