

<b>No. W 167796</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 09/27/2017</b>  <b>1. Mailing Address: Correct in this box if needed.</b> DEAN'S LOGGING, LLC THOMAS DEAN PO BOX 201 DEARY ID 83823	<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> THOMAS DEAN 609 6TH AVE DEARY ID 83823  <b>3. <u>New</u> 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>Thomas Dean</td><td>PO Box 201</td><td>Deary</td><td>ID</td><td>USA</td><td>83823</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"/>	Thomas Dean	PO Box 201	Deary	ID	USA	83823	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  IDAHO W 167796	<b>6.</b> Signature: <u>Thomas L. Dean</u> Name (type or print): <u>Thomas Dean</u> Date: <u>10/9/17</u> Title: <u>Member</u>																																				