

No. <b>W 109422</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 03/21/2017</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> CASEY LEACHMAN 4061 HIGHWAY 8 TROY ID 83871		
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. <b>Mailing Address: Correct in this box if needed.</b> LEACHMAN LOGGING, LLC CASEY LEACHMAN PO BOX 297 TROY ID 83871		3. <u>New</u> Registered Agent Signature.		
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
<b>Manager or Member</b>	<b>Name</b>	<b>Street or PO Address</b>	<b>City State Country Postal Code</b>		
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Casey Leachman	PO Box 297	Troy ID 43871 83871		
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
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-size: 1.2em;"> <b>IDAHO</b>  <b>W 109422</b> </div>		6. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">           Signature:             Name (type or print):  <u>Casey E Leachman</u> </td> <td style="width: 50%;">           Date:  <u>8-3-17</u>            Title:  <u>Owner</u> </td> </tr> </table>		Signature: Name (type or print): <u>Casey E Leachman</u>	Date: <u>8-3-17</u> Title: <u>Owner</u>
Signature: Name (type or print): <u>Casey E Leachman</u>	Date: <u>8-3-17</u> Title: <u>Owner</u>				
Issued 03/29/2017 by CLH					