

No. W 75893	Reinstatement Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	ADMIN DISSOLVED 10/05/2011		MIKE MADSEN																																			
	1. Mailing Address: Correct in this box if needed. MADSEN TIMBER & CONSTRUCTION LLC MIKE MADSEN 30701 N PHEASANT RUN CT ATHOL ID 83801		30701 N PHEASANT RUN CT ATHOL ID 83801																																			
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>Mike Madsen</td> <td>30701 N pheasant Run CT</td> <td>Athol</td> <td>ID</td> <td>USA</td> <td>83801</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 ☐	Mike Madsen	30701 N pheasant Run CT	Athol	ID	USA	83801	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 75893		6. Signature: <u>Mike Madsen</u> Date: <u>8-4-13</u> Name (type or print): <u>Mike Madsen</u> Title: <u>Owner</u>																																				

Issued 08/02/2013 by KAH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM