

No. <b>W 119193</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 02/14/2014</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>																																				
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> WADS, LLC 133 E MAIN ST REXBURG ID 83440		ZACH HILLMAN 133 E MAIN ST REXBURG ID 83440																																		
				3. <u>New</u> Registered Agent Signature.																																			
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 <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Zach Hillman</td> <td>133 E Main st.</td> <td>Rexburg, ID</td> <td>US</td> <td></td> <td>83440</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Casey Smith</td> <td>133 E Main st.</td> <td>Rexburg, ID</td> <td>US</td> <td></td> <td>83440</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"/>	Zach Hillman	133 E Main st.	Rexburg, ID	US		83440	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Casey Smith	133 E Main st.	Rexburg, ID	US		83440	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:  <b>IDAHO</b> <b>W 119193</b>		6. Signature: <u>Zach Hillman</u> Date: <u>3-26-14</u> Name (type or print): <u>Zach Hillman</u> Title: <u>President</u>																																					

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# INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM