

No. W 50606	Reinstatement Annual Report Form ADMIN DISSOLVED 08/05/2010		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	1. Mailing Address: Correct in this box if needed. WILDLIFE RIDGE ESTATES LLC 2749 HAWKWEED ST 4915 Apache Ave. POCATELLO ID 83204		MICHAEL MILLWARD 2749 HAWKWEED ST POCATELLO ID 83204 Michael Williams 4915 Apache Ave. Pocatello ID 83204																																			
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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Michael Williams</td> <td>4915 Apache</td> <td>Pocatello</td> <td>ID</td> <td>USA</td> <td>83204</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>R. SAM Hopkins</td> <td>P.O. B 3014</td> <td>Pocatello</td> <td>ID</td> <td></td> <td>83206</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6">BIL of Michael Millward</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> </tbody> </table>		Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Michael Williams	4915 Apache	Pocatello	ID	USA	83204	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	R. SAM Hopkins	P.O. B 3014	Pocatello	ID		83206	Manager <input type="checkbox"/> Member <input type="checkbox"/>	BIL of Michael Millward						Manager <input type="checkbox"/> Member <input type="checkbox"/>							3. New Registered Agent Signature <i>Michael Williams</i>	
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5. Organized Under the Laws of: IDAHO W 50606	6. Signature: <i>Michael J Williams</i> Name (type or print): <u>Michael J. Williams</u> Date: <u>9/14/2015</u> Title: <u>Manager</u>																																					