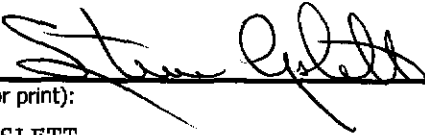
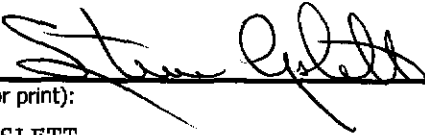
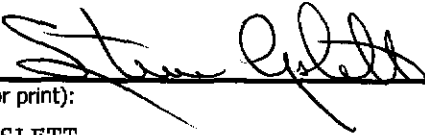


No. <b>W 102334</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 07/11/2012</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>  STEVE ASLETT 212 HIGHLAND AVE TWIN FALLS ID 83301
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b>  R & A EQUIPMENT, LLC PO BOX B TWIN FALLS ID 83303		3. <u>New</u> Registered Agent Signature.

4. **Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.**

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	STEVE ASLETT	P O BOX B	TWIN FALLS	ID	USA	83303
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-weight: bold;">             IDAHO              W 102334           </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:  </td> <td style="width: 40%;">           Date: <u>10/26/12</u> </td> </tr> <tr> <td>           Name (type or print):  <u>STEVE ASLETT</u> </td> <td>           Title:  <u>MEMBER</u> </td> </tr> </table>	Signature: 	Date: <u>10/26/12</u>	Name (type or print): <u>STEVE ASLETT</u>	Title: <u>MEMBER</u>
Signature: 	Date: <u>10/26/12</u>				
Name (type or print): <u>STEVE ASLETT</u>	Title: <u>MEMBER</u>				

Issued 10/22/2012 by SLD

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM