

# FILED EFFECTIVE

No. <b>W 37936</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 06/08/2010</b>		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) <b>JIM TOOTHMAN</b> <b>102 E GULCH RD</b> <b>HAILEY ID 83333</b>	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT</b> <b>FEE DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed.  <b>SAWTOOTH INVESTMENTS, LLC</b>  <b>920 S MAIN</b> <del>PO BOX 40</del> <b>HAILEY ID 83333</b>		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
<input checked="" type="radio"/> <del>Manager</del> <input type="radio"/> Member (circle one)	<i>Jim R Toothman</i>	<i>920 S MAIN</i>	<i>HAILEY</i>	<i>ID.</i>	<i>BLAINE</i>	<i>83333</i>

5. Organized Under the Laws of:  <div style="text-align: center; padding: 10px;"> <b>IDAHO</b>  <b>W 37936</b> </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature: <i>Jim R Toothman</i> </td> <td style="width: 40%;">           Date: <i>5/26/11</i> </td> </tr> <tr> <td>           Name (type or print): <i>Jim R Toothman</i> </td> <td>           Title: <i>MANAGER</i> </td> </tr> </table>	Signature: <i>Jim R Toothman</i>	Date: <i>5/26/11</i>	Name (type or print): <i>Jim R Toothman</i>	Title: <i>MANAGER</i>
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